NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE

WYOMING
An independent licensee of the Blue Cross and Blue Shield Association

Complete and mail to:

Blue Cross Blue Shield of Wyoming ◆ 4000 House Avenue; P O Box 2266 ◆ Cheyenne, WY 82003

SAVE A COPY OF THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application, you intend to terminate existing Medicare supplement OR Medicare Advantage insurance and replace it with a policy to be issued by Blue Cross Blue Shield of Wyoming. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage that you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement OR Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s):

(check one):

- ☐ Additional benefits.
- ☐ Fewer benefits and lower premiums.
- ☐ No change in benefits, but lower premiums.
- ☐ My plan has outpatient prescription drug coverage and I am enrolled in Part D
- ☐ Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.

  _____

- ☐ Other (please specify). _____

  _____

1. NOTE: If the issuer of the Medicare supplement policy being applied for does not or is otherwise prohibited from imposing pre-existing coverage limitations, please skip to statement (2) below. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under the present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy (or coverage) to the extent such time was spent (depleted) under the original policy as may be required by applicable Federal or State law.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premiums as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

_____ _____

(Signature of Agent, Broker or Other Representative) (Date)

_____ _____

(Typed Name and Address of Insurer, Agent or Broker) (Date)

_____ _____

(Applicant's Signature) (Date)