

Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

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

Your application says you intend to end your existing Medicare Supplement insurance. And you plan to replace it with a policy to be issued by BlueCross BlueShield of Tennessee, Inc. (Issuer). You have thirty (30) days to decide if you want to keep the policy.

Review this new coverage with care. Compare it with all accident and sickness coverage you have now. If you decide to buy this policy, you should end your present Medicare Supplement or Medicare Advantage coverage. You should also review your other coverage. Make sure it doesn’t overlap with this policy.

Please sign the white copy. And return it with your application. Please keep the pink copy for your files.

Statement to Applicant by Agent or Broker

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 Medicare Advantage coverage since you intend to end your existing Medicare Supplement coverage or leave your Medicare Advantage plan.

You are buying this replacement policy for this reason (check one):

- ☐ Additional benefits
- ☐ No change in benefits, but lower premiums
- ☐ Fewer benefits and lower premiums
- ☐ My plan has outpatient prescription drug coverage and I am enrolling 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 you are applying for does not have pre-existing condition limits, please skip to statement 2. Current health conditions may not be covered right away or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy while your current policy may have paid for a similar claim.
2. State law says that your replacement policy or certificate may not have 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) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to end your present policy and replace it with new coverage, make sure to truthfully and completely answer all questions on the application about your medical and health history. If you fail to include all material medical information, it may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. Before you sign the completed application, review it with care to be make sure all information is accurate.

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

X

(Applicant’s Signature)

(Date)

Printed Name and Address of Applicant:

X

(Agent’s Signature)

(Date)

COPY DISTRIBUTION: **White** — BlueCross BlueShield of Tennessee | **Yellow** — Agent | **Pink** — Customer

BlueCross BlueShield of Tennessee, Inc. does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-553-8158, TTY 711.

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-553-8158، TTY 711.
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