

**ALASKA
Notice to Applicant
Regarding Replacement of
Medicare Supplement or
Medicare Advantage Coverage**

P.O. Box 327
Seattle, WA 98111-0327



APPLICANT LAST NAME FIRST NAME SUBSCRIBER ID NUMBER

SAVE 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 contract to be issued by Premera Blue Cross Blue Shield of Alaska. Your new contract will provide 30 days within which you may decide, without cost, whether you desire to keep the contract.

You should review this new coverage carefully. Compare it with all accident and sickness coverage 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 disability coverage you have that may duplicate this contract.

STATEMENT TO APPLICANT

We have reviewed your current medical or health insurance coverage. To the best of our knowledge, this Medicare Supplement contract will not duplicate your existing Medicare Supplement or Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan.

The replacement contract is being purchased for the following reason (please check one):

- Additional benefits Fewer benefits and lower premiums
- No change in benefits, but lower premiums Other (please specify) _____
- Disenrollment from a Medicare Advantage Plan. Please explain reason for disenrollment _____
- My plan has outpatient prescription drug coverage and I am enrolling in Part D

- (1) Health conditions that you might presently have (pre-existing conditions) may not be immediately or fully covered under the new contract. This could result in denial or delay of a claim for benefits under the new contract, whereas a similar claim might have been payable under your present policy.
- (2) State law provides that your replacement contract may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. Premera Blue Cross Blue Shield of Alaska will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new contract to the extent such time was spent (depleted) under the original policy.
- (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 subscription charges as though your contract 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 contract and are sure that you want to keep it. If you have any questions, please call us at 1-888-669-2583.

APPLICANT'S SIGNATURE	DATE
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Send white copy to Premera Blue Cross Blue Shield of Alaska — yellow for your records.