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**NOTICE TO APPLICANT**  
**REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE**

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Philadelphia American Life Insurance Company  
P.O. Box 4884  
Houston, Texas 77210-4884

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE!**

According to your application or information you have furnished, you intend to terminate existing Medicare supplement insurance and replace it with a policy to be issued by **Philadelphia American Life Insurance Company** of Houston, Texas. Your new policy provides 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 you now have. Terminate your present policy only if, after due consideration, you find that the purchase of this Medicare supplement coverage is a wise decision.

**STATEMENT TO APPLICANT BY AGENT**

I have reviewed your current medical or health insurance coverage. The replacement of insurance involved in this transaction does not duplicate coverage, to the best of my knowledge. The replacement policy is being purchased for the following reason(s)

(Check one):

- \_\_\_\_\_ Additional benefits
- \_\_\_\_\_ No change in benefits, but lower premiums
- \_\_\_\_\_ Fewer benefits and lower premiums
- \_\_\_\_\_ Other, (please specify) \_\_\_\_\_

- (1) **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 your 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 for similar benefits to the extent such time was spent 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 and future claims and to refund your premium 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.

\_\_\_\_\_  
Typed name and address of Agent

\_\_\_\_\_  
Signature of Agent

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_  
Date

WHITE COPY: To be sent to Home Office with Completed Application. Yellow: Given to Applicant