



Notice to applicant regarding replacement of existing Medicare Supplement or Medicare Advantage coverage.

(Notice is completed by insurer, agent or other representative.)

Alliance Health and Life Insurance Company
2850 W. Grand Blvd.
Detroit, Michigan 48202

Save this notice! It contains important information you may need in the future.

According to your Alliance Medicare Supplement application, you plan to drop or otherwise terminate your existing Medicare supplement or Medicare Advantage plan and replace it with a policy or certificate from Alliance Health and Life Insurance Company®. Your new policy or certificate gives you 30 days to decide if you want to keep the policy or certificate. During the 30 days, you will not be charged.

Please take the time to carefully review your new Alliance Medicare Supplement policy before you terminate your existing coverage. Compare it with all disability and other health coverage you now have. You should carefully consider if terminating your existing coverage for this new Medicare supplement policy is the best decision for you.

Statement to applicant by insurer, agent or other representative:

I have reviewed your existing medical or health coverage. The replacement of coverage involved in this transaction does not duplicate your existing Medicare supplement policy – or your Medicare Advantage coverage, if applicable. This is true because you intend to terminate your existing Medicare supplement policy or leave your Medicare Advantage plan, to the best of my knowledge. The replacement policy is being purchased for the following reason (check one):

- Additional benefits
- No change in benefits, but a lower premium
- Fewer benefits and a lower premium
- Existing plan has outpatient prescription drug coverage, and you are enrolling in a Medicare Part D plan
- Disenrollment from a Medicare Advantage plan. Please explain the reason for disenrollment:

- Other reason (please specify): _____

1. Health conditions you 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, although a similar claim might have been payable under your existing policy.

2. Your insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy or certificate for similar benefits if the period had elapsed under the original coverage.
3. If, after thinking about it carefully, you still wish to drop your existing coverage and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history.

If you fail to include all related medical information on the application, it could result in the non-payment of future claims, and your policy may be cancelled and premiums refunded as though your policy or certificate had never been in effect.

Before you sign your application, read it over carefully. You should confirm that all the information being submitted is complete and correct.

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

Signature of agent, broker or other representative

Printed name and address of agent, broker or other representative

(Date)

The above notice was delivered to me on:

(Date)

(Applicant's signature)

(Applicant's printed name)

(Applicant's address)

(Policy, certificate or contract number being replaced)

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