

APPENDIX A

NOTICE TO APPLICANT
REGARDING REPLACEMENT OF HEALTH INSURANCE

According to your application (the information furnished by you), you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by _____ Insurance Company. For your own information and protection, certain facts should be pointed out to you which should be considered before you make this change.

1. Health conditions which you may presently have may not be covered under the new policy. This could result in a claim for benefits being denied which may have been payable under your present policy.
2. Even though some of your present health conditions may be covered under the new policy, these conditions may be subject to certain waiting periods under the new policy before coverage is effective.
3. Questions in the application for the new policy must be answered truthfully and completely; otherwise, the validity of the policy and the payment of any benefits thereunder may be voided.
4. The new policy will be issued at a higher age than that used for issuance of your present policy; therefore, the cost of the new policy depending upon the benefits, may be higher than you are paying for your present policy.
5. The renewal provisions of the new policy should be reviewed so as to make sure of your rights to periodically renew the policy.
6. It may be to your advantage to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. You should be certain that you understand all the relevant factors involved in replacing your present coverage.
7. WHERE YOUR POLICY HAS BEEN PURCHASED BY MAIL YOU ARE CONSIDERED THE APPLICANT. PLEASE SIGN WHERE DESIGNATED AFTER READING SO THAT THE COMPANY MAY ISSUE YOUR POLICY.

The above "Notice to Applicant" was delivered to me on _____.
(Date)

Applicant

Where solicited by agent, agent should also sign.

Agent