

**Notice Regarding Replacement of**

**Medicare Supplement Insurance**

Save this notice! It may be important to you in the future!

Please read this notice carefully if you intend to terminate your existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Blue Cross & Blue Shield of Rhode Island, (Issuer). Your new policy will provide 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 have now. If, after due consideration, you find that the 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 accident and sickness coverage you have that may duplicate this policy.

**Section 1 - Statement To Applicant By Issuer.**

**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 coverage until you have received your new policy and are sure that you want to keep it.

**Section 2 - Statement To Applicant By Agent. Please Read and Sign Below**

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, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

|  |  |
| --- | --- |
| * Additional benefits
 | * Fewer benefits and lower premium
 |
| * No change in benefits, but lower premiums
 | * My plan has outpatient prescription drug coverage and I am enrolled in Medicare Part D
 |
| * Disenrollment from Medicare Advantage Plan
 |
|  Please explain reason for disenrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Section 3 - Please Sign Below**

**Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Agent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

500 Exchange Street • Providence, RI 02903-2699 • [www.bcbsri.com/Medicare](http://www.bcbsri.com/Medicare)

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Blue Cross & Blue Shield of Rhode Island complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN:  si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.  Llame al 1-800-639-2227.

ATENÇÃO:  Se fala português, encontram-se disponíveis serviços linguísticos, grátis.  Ligue para 1-800-639-2227.