

**MediGap-65 Medicare
Supplemental Coverage (Maryland)
CareFirst BlueCross BlueShield
Representative Information**



10455 Mill Run Circle
Owings Mills, Maryland 21117

Section One

Date

Representative's Name

Type of Representative

Broker/Agent

CareFirst BlueCross BlueShield Sales Representative

Contracted Broker Name (if applicable)

Contracted Broker # (if applicable)

Contracted Broker Tax ID (if applicable)

Section Two

Did you see the applicant?

Yes

No

Did you provide the applicant with a copy of the Outline of Benefits and the Medicare & You Buyer's Guide for people with Medicare?

Yes

No

Section Three

Representatives shall list any other health insurance policies or plan contracts they have sold to the applicant:

1. List all policies or plan contracts sold which are still in force.

2. List all policies or plan contracts sold in the past five (5) years which are no longer in force.

Signature and address of Agent or Other Representative

I acknowledge that I have received a copy of the Outline of Benefits and the Medicare & You Buyer's Guide for people with Medicare.

Signature of Applicant

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT COVERAGE



10455 Mill Run Circle
Owings Mills, Maryland 21117

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

According to your application, or the information you have furnished, you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by CareFirst BlueCross BlueShield. 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 insurance 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 accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT, BROKER OR OTHER REPRESENTATIVE:

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

Note: If the issuer of the Medicare supplement policy being applied for does not, or is otherwise prohibited from imposing pre-existing condition limitations, please skip to statement 2 below.

- (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 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 (or coverage) for similar benefits 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 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.

(Signature of Agent, Broker or Other Representative)*

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, Maryland 21117-5559

(Applicant's Signature)

(Date)

*Not required for direct response sales.