



## NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS OR LONG-TERM CARE INSURANCE

[Insurance Company's Name and Address]

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

According to [your application] [information you have furnished], you intend to let lapse or otherwise terminate an existing policy for accidents and sickness or long-term care insurance contract and replace it with the long-term care insurance contract delivered with this notice and issued by [Company Name] Insurance Company. Your new long-term care insurance contract provides 30 days within which you may decide, without cost, whether you desire to keep the long-term care insurance contract. For your own information and protection, you should be aware of and seriously consider certain disclosures which may affect the insurance protection available to you under the new long-term care insurance contract.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present coverage only if, after due consideration, you find that purchase of this long-term care insurance contract is a wise decision.

1. Health conditions which you may presently have (preexisting conditions), may not be immediately or fully covered under the new long-term care insurance contract. This could result in a denial or delay in payment of benefits under the new long-term care insurance contract, whereas a similar claim might have been payable under your present long-term care insurance contract.
2. State law provides that your replacement long-term care insurance contract or certificate may not contain new preexisting conditions or probationary periods. Your insurer will waive any period of time applicable to preexisting conditions or probationary periods in the new long-term care insurance contract for similar benefits to the extent such time was spent (depleted) under the original coverage.
3. If you are replacing existing long-term care insurance coverage, you may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present long-term care insurance contract. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. [To be included only if the application is attached to the policy.] If, after due consideration, you wish to terminate your present coverage and replace it with our new long-term care insurance contract, read the copy of the application attached to our new long-term care insurance contract and be sure that all questions are answered fully and correctly. Omissions or misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to [Company Name and Address] within 30 days if any information is not correct and complete, or if any past medical history has been omitted from the application.

TO BE RETURNED TO THE INSURANCE COMPANY

The Notice regarding Replacement of Accident and Sickness or Long-Term Care Insurance was delivered to me on:

.....  
(Date)

.....  
(Applicant's Signature)