



NOTICE TO APPLICANT REGARDING REPLACEMENT OF INDIVIDUAL 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 accident and sickness or long-term care insurance contract and replace it with an individual long-term care insurance contract to be 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 factors which may affect the protection available to you under the new long-term care insurance contract.

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

STATEMENT TO APPLICANT [BROKER OR OTHER REPRESENTATIVE]

(Use additional sheets, as necessary.)

I have reviewed your current medical or health insurance coverage. I believe the replacement of insurance involved in this transaction materially improves your position. My conclusion has taken into account the following considerations, which I call to your attention:

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 the 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. The insurer will waive any period of time applicable to preexisting conditions or probationary periods in the new coverage for similar benefits to the extent such time was spent (depleted) under the original long-term care insurance contract.
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. If, after due consideration, you still wish to terminate your present long-term care insurance contract and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical 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 long-term care insurance contract had never been in force. After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

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(Signature of Agent, Broker or Other Representative)

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(Name and Address of Agent or Broker)

The above notice was delivered to me on:
(Date)

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(Applicant's Signature)