



Notice to Applicant Regarding Replacement of Accident and Health Insurance, HMO Coverage or Employer-Provided Health Benefit Arrangement

Aetna Life Insurance Company, 151 Farmington Avenue, MS 3128, Hartford, CT 06156

PLEASE MAIL THIS FORM TO:
PO Box 13547, Pensacola, FL 32591-3547

SAVE THIS NOTICE! It may be important to you in the future.

According to your application, you intend to terminate existing accident and health insurance, health maintenance organization (HMO) coverage or employer-provided health benefit coverage and replace it with a policy to be issued by Aetna Life Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the coverage.

You should review this new coverage carefully. Compare it with all health coverage you now have and evaluate the need for existing coverage that may duplicate this policy. Terminate your present policy only if, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision.

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 your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

<input type="checkbox"/> Additional benefits.	<input type="checkbox"/> Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment.
<input type="checkbox"/> No change in benefits, but lower premiums.	_____
<input type="checkbox"/> Fewer benefits and lower premiums.	<input type="checkbox"/> Other. (Please specify)
<input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D.	_____

- Health conditions which you may presently have (preexisting 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.
- State regulation provides that in applying a preexisting condition limitation, a Medicare supplement issuer must credit the time the applicant was previously covered under creditable coverage (including Medicare supplement insurance, Medicare select coverage and Medicare Advantage plans) if the previous creditable coverage was continuous to a date not more than 63 days prior to the enrollment date of the new policy or certificate.
- If you still wish to terminate your present policy or certificate and replace it with new coverage, review the application carefully before you sign it 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	Date
Typed Name and Address of Issuer or Agent	
Applicant's Signature	Date

PLEASE MAKE A COPY FOR YOUR RECORDS