



# Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage

Aetna Life Insurance Company  
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 Medicare supplement or Medicare Advantage 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 coverage carefully. Compare it with all accident and sickness coverage 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 coverage.

### 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.
<input type="checkbox"/> No change in benefits, but lower premiums.	Please explain reason for disenrollment.
<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.	_____

1. 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.
2. If you still wish to terminate your present policy and replace it with the new coverage, be certain to truthfully and completely answer all questions in the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for Aetna Life Insurance 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		Date
Typed Name and Address of Issuer or Agent		
Applicant's Signature		Date

**PLEASE MAKE A COPY FOR YOUR RECORDS**