

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

Blue Cross and Blue Shield of Illinois • 300 East Randolph Street • Chicago, IL 60601-5099

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

According to 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 Blue Cross and Blue Shield of Illinois. Your new policy will provide 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 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 policy.

STATEMENT TO APPLICANT BY INSURANCE PRODUCER

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 or leave your Medicare Advantage Plan.

The replacement policy is being purchased for the following reason – check one:

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

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Agent's Signature

607672

Agent's Number

Ayman S. Halawah, Health & Retirement Services of IL, 7101 North Cicero, Ste. 203, Lincolnwood, IL 60712

Printed Name and Address of Agent

Applicant's Signature

Date

OB2207 Rev. 6/05

Note to Producer: You and the applicant who is replacing existing health insurance with Blue Cross and Blue Shield coverage must read, sign and date this replacement form. You must then submit the white copy along with the application. The yellow copy must remain with the applicant.

Health & Retirement

Services of Illinois

REPLACEMENT FORM – INSTRUCTIONS FOR BLUE CROSS BLUE SHIELD OF ILLINOIS

1. Mark the applicable box for replacement reason
2. Sign and date the form
3. Submit with your Medicare Supplement Application and Policy Checklist

SUBMIT VIA FAX OR U.S. MAIL

FAX: 1-800-979-0155

MAIL: Health & Retirement Services of Illinois
7101 North Cicero Avenue, Suite 203
Lincolnwood, Illinois 60712

QUESTIONS ??

Call:

1-847-626-7120

OR

1-800-739-4700