



NOTICE TO APPLICANT REGARDING REPLACEMENT OF CURRENT MEDICARE ADVANTAGE/ PRESCRIPTION DRUG COVERAGE WITH

_____ (Name of Plan)

According to your enrollment form, you intend to enroll in a new Medicare Advantage health plan (MA) or prescription drug plan (PDP). Upon acceptance of your enrollment by the Centers for Medicare & Medicaid Services, you will be disenrolled from your current MA or PDP plan without taking any additional action. For your information and protection, you should seriously consider all factors which may affect your health care and/or drug coverage.

Review the new coverage carefully by comparing it with what you have now. Enroll only after careful consideration and if you find changing your coverage is a wise decision. You may wish to secure the advice from your present insurer regarding the proposed replacement of your current policy.

STATEMENT TO APPLICANT BY AGENT (BROKER OR OTHER REPRESENTATIVE)

I have reviewed both your current Medicare Advantage and/or prescription drug coverage and the plan I am offering. To the best of my knowledge, the transfer of your Medicare coverage in this transaction changes your position for the following reason:

- Additional benefits or different benefits (please specify): _____
- Improved drug formulary (lower copayments, larger formulary, deductible)
- No substantial change in benefits, but lower premiums
- Fewer benefits and lower premiums
- Better provider (doctors and hospitals) options
- Prefer contracted providers over non-contracted Private Fee-For-Service providers
- Prescription Drug Plan to a Medicare Advantage plan with prescription drug coverage
- Medicare supplement to a Medicare Advantage plan with lower premiums
- Other (specify): _____

Signature of Agent, Broker or Representative

Agent Address

Current Plan Name and Type

Current Policy Number

Signature of Applicant

City

State

Zip

The above "Notice to Applicant" was delivered to me on: _____ / _____ / _____

NOTICE TO AGENT: Please complete for all states. Leave a copy with enrollee and submit original with enrollment form.