

SENIOR CITIZENS REPRESENTATION

1. NON-DUPLICATION OF INSURANCE STATEMENT:

I hereby represent that the insurance I am applying for will NOT duplicate any cancer, specified disease or accident coverage I already have. _____

2. MEDICARE SUPPLEMENT STATEMENT:

I realize that the insurance I am applying for is not a Medicare supplement policy and is not intended to replace such a policy.

3. MEDICAID STATEMENT:

I hereby represent that to the best of my knowledge and belief no person applying for this insurance is covered by any Title XIX program (e.g. Medicaid). _____

4. BUYERS GUIDE STATEMENT:

Yes, I have received a copy of the "Guide to Health Insurance for People with Medicare." _____

5. REPLACEMENT QUESTION:

Is this insurance intended to replace any insurance now in force on any person applying for coverage? ☐ Yes ☐ No
If yes, a replacement form provided by the Company must be completed in all states.

<p align="center">IMPORTANT NOTICE TO PERSONS ON MEDICARE THIS INSURANCE DUPLICATES SOME MEDICARE BENEFITS</p>

This is not Medicare Supplement Insurance

This insurance provides limited benefits, if you meet the policy conditions, for hospital or medical expenses only when you are treated for one of the specific diseases or health conditions listed in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

This insurance duplicates Medicare benefits when it pays:

- hospital or medical expenses up to the maximum stated in the policy.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them.

These include:

- hospitalization
- physician services
- hospice
- other approved items and services

<p align="center">Before You Buy This Insurance</p>
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- ✓ Check the coverage in all health insurance policies you already have.
- ✓ For more information about Medicare and Medicare Supplement insurance, review the *Guide to Health Insurance for People with Medicare*, available from the insurance company.
- ✓ For help in understanding your health insurance, contact your state insurance department or state senior insurance counseling program.

I understand that the insurance I am applying for could duplicate Medicare coverage. Even so, I still believe I need this new insurance.

Agent

Signature of Applicant

Date

For Use with Specified Disease (Cancer/Heart) Expense Incurred Applications