

## Medicare Supplement Plan Change Form

General Information				
First Name		MI	Last Name	
Subscriber ID #		Social Security #	Date of Birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Mailing Address				
City	State	Zip Code	Phone No.	
Email Address (by providing your email address, you agree to receive electronic communications from TFBHP)				

### Change in Coverage (Medicare Replacement Form Required)

Drop	I understand and acknowledge: <b>I am requesting a plan with less benefits than the plan I currently have.</b>		
Upgrade	I understand and acknowledge: <b>I am requesting to change to a plan with more benefits than the plan I currently have. If I elect to upgrade my coverage, I must answer the health questions below and be approved by TFBHP.</b>		
I wish to change my current Medicare Supplement plan to (select one):			
Plan A	Plan D	Plan G	Plan N

### Health Questions – If upgrading coverage, the following questions are required to be completed.

Texas Farm Bureau Health Plans Underwriting Department may review all current health conditions, medications, and/or treatment to determine if you are eligible for a plan with more benefits based on our current underwriting standards. Claims experience from any previous TFBHP coverage may be used in this

In the last five (5) years, have you been treated for any of the following medical conditions:			
Yes	No	1 Heart Attack or Congestive Heart Failure?	If "Yes," when?
Yes	No	2 Cancer (Not Skin Cancer)?	If "Yes," when?
Yes	No	3 Stroke or Trans Ischemic Attack (TIA)?	If "Yes," when?
Yes	No	4 Kidney Failure or Chronic Kidney Disease?	If "Yes," when?
Yes	No	5 Diabetes?	If "Yes," when?
Yes	No	6 Parkinson's Disease?	If "Yes," when?
Yes	No	7 Multiple Sclerosis or Lou Gehrig's Disease (ALS)?	If "Yes," when?
Yes	No	8 Muscular Dystrophy?	If "Yes," when?
Yes	No	9 Emphysema or COPD?	If "Yes," when?
Yes	No	10 Alzheimer's Disease or Dementia?	If "Yes," when?
Yes	No	11 Cirrhosis of the liver?	If "Yes," when?
Yes	No	12 Huntingdon's disease?	If "Yes," when?

### Authorization

I declare that all the foregoing statements provided by me in this form in its entirety are true, correct and complete to the best of my knowledge and belief. It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Subscriber Signature	Today's Date
<b>A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.</b> <b>Please return a copy of this form to the address, fax or email above.</b>	