



**MEMBERS HEALTH INSURANCE COMPANY  
NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE  
OR MEDICARE ADVANTAGE**

**Home Office:** P.O. Box 1424, Columbia, TN 38402-1424, 1-888-500-0140

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

According to your enrollment application, you intend to terminate existing Medicare Supplement or Medicare Advantage Insurance and replace it with a Certificate to be issued by Texas Farm Bureau Health Plans, Insured by Members Health Insurance. Your new Certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the Certificate. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new Policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration and acceptance by the replacing issuer, you find that purchase of this Medicare Supplement Insurance is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage Insurance. You should evaluate the need for other accident and sickness coverage you have that may duplicate this Certificate.

**STATEMENT TO APPLICANT BY INSURANCE COMPANY**

We have reviewed your current medical or health insurance coverage. To the best of our knowledge, this Medicare Supplement Insurance will not duplicate your existing Medicare Supplement Insurance or, if applicable, Medicare Advantage Insurance because you intend to terminate your existing Medicare Supplement Insurance or leave your Medicare Advantage Insurance. The replacement Certificate is being purchased for the following reasons:

- \_\_\_\_\_ 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.
- \_\_\_\_\_ Disenrollment from a Medicare Advantage plan. Please explain the reason for disenrollment:  
\_\_\_\_\_
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

(1) Health conditions which you may presently have (pre-existing 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) State law provides that your replacement Policy or Certificate may not contain new pre-existing conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new Policy (or coverage) to the extent such time was spent (depleted) under the original Policy.

(3) If you still wish to terminate your present Policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the enrollment application concerning your medical and health history. Failure to include all material medical information on an enrollment application may provide a basis for the company to deny any future claims and to refund your premium as though your Certificate had never been in force. After the enrollment 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 Certificate and are sure that you want to keep it.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_