

**MediGap-65 Medicare
Supplemental Coverage (Maryland)
CareFirst BlueCross BlueShield
Representative Information**

CareFirst  
BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, Maryland 21117

Section One:

Date

Representative's Name

Type of Representative Broker/Agent CareFirst BlueCross BlueShield Sales Representative

Contracted Broker Name (if applicable)

Contracted Broker # (if applicable)

Contracted Broker Tax ID (if applicable)

Section Two:

Did you see the applicant? Yes No

Did you provide the applicant with a copy of the Outline of Benefits and the Medicare & You Buyer's Guide for people with Medicare? Yes No

Section Three:

Representatives shall list any other health insurance policies or plan contracts they have sold to the applicant.

1. List all policies or plan contracts sold which are still in force.

2. List all policies or plan contracts sold in the past five (5) years which are no longer in force.

Signature and address of Agent or Other Representative

I acknowledge that I have received a copy of the Outline of Benefits and the Medicare & You Buyer's Guide for people with Medicare.

Signature of Applicant

**NOTICE TO APPLICANT REGARDING
REPLACEMENT OF MEDICARE
SUPPLEMENT COVERAGE**



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

According to your application, or the information you have furnished, you intend to terminate existing Medicare supplement insurance and replace it with a policy to be issued by CareFirst BlueCross BlueShield. Your new policy will provide thirty (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 insurance you now have. Terminate your present policy only if, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision.

STATEMENT TO APPLICANT BY ISSUER, AGENT, BROKER OR OTHER REPRESENTATIVE:

I have reviewed your current medical and health insurance coverage. The replacement of insurance involved in this transaction does not duplicate coverage, to the best of my knowledge. The replacement policy is being purchased for the following reason(s) (check one):

- Additional benefits.
- Fewer benefits and lower premiums.
- No change in benefits, but lower premiums.
- 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 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 in pre-existing conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits 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 application concerning your medical and health history. Failure to answer questions concerning material medical information on an application may provide a basis for CareFirst BlueCross BlueShield to deny any future claims and to refund your premium as though your policy had never been in force. After the 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 policy and are sure that you want to keep it.

(Signature and address of Agent or Other Representative)*

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, Maryland 21117-5559

(Applicant's Signature)

(Date)

*Not required for direct response sales.

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