



Insured by 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, 1-833-282-5975

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 Farm Bureau Health Plans of Michigan. Your new Certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the Certificate.

You should review this new coverage carefully. Compare it with all disability and other health coverage you now have. If, after due consideration, you find that purchase of this Medicare Supplement Insurance is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage Insurance.

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 (check one):

- 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) State law provides that your replacement 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 Certificate to the extent such time was spent (depleted) under the original policy.

(2) 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's Signature: _____

Date: _____

Applicant's Printed Name: _____

Address: _____

Policy, Certificate, or Contract Number being Replaced: _____