

Medicare Supplement Replacement of Coverage



Save this notice! It may be important in the future.

If you intend to cancel or terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with coverage issued by Health Net Life Insurance Company, please review the new coverage carefully and replace the existing coverage **ONLY** if the new coverage materially improves your position. **Do not cancel your present coverage until you have received your new policy and are sure that you want to keep it.**

If you decide to purchase the new coverage, you will have 30 days after you receive the policy to return it to Health Net Life Insurance Company, for any reason, and receive a refund of your money.

If you want to discuss buying Medicare Supplement coverage with a trained insurance counselor, call the California Department of Insurance's toll-free telephone number at 1-800-927-HELP. You may also contact the Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222 for guidance on Medicare Supplement or Medicare Advantage plans. HICAP is a service provided free of charge by the State of California.

STATEMENT TO APPLICANT FROM THE INSURER AND AGENT:

I have reviewed your current health insurance coverage. To the best of my knowledge, the replacement of insurance involved in this transaction does not duplicate coverage or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. In addition, the replacement coverage contains benefits that are clearly and substantially greater than your current benefits for the following reasons:

Additional benefits (please specify):

No change in benefits, but lower premiums

Plan has outpatient prescription drug coverage, and applicant is enrolled in Medicare Part D

Disenrollment from a Medicare Advantage plan. Reasons for disenrollment:

Fewer benefits and lower premiums

Other reasons (please specify): _____

COMPLETE ANSWERS ARE VERY IMPORTANT

You do not need to answer questions about your medical and health history if you are applying for coverage during an open enrollment or guaranteed issue period.

If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer any and all questions on the application concerning your medical and health history. Failure to include all material medical information on an application requesting that information may provide a basis for Health Net Life Insurance Company 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 of agent, broker or other representative:	Date: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M / D D / Y Y Y Y
Printed name of agent, broker or other representative:	
Applicant's printed name:	
Applicant's signature:	Date: <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> M M / D D / Y Y Y Y
Medicare number:	

Health Net Life Medicare Supplement Plan
 PO Box 10420
 Van Nuys, CA 91499

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