Notice To Applicant Regarding Replacement of Medicare Supplement, Medicare Cost, Medicare Select, Medicare Advantage or Existing Accident And Sickness Insurance



Medica Insurance Company 401 Carlson Parkway Minnetonka, Minnesota 55305

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

According to your application, you intend to terminate existing Medicare Supplement, Medicare Cost, Medicare Select or Medicare Advantage insurance and replace it with a policy to be issued by Medica Insurance Company (Medica).

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medica Prime Solution® Medicare Cost coverage is a wise decision, you should terminate your present Medicare Supplement, Medicare Cost, Medicare Select or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY AGENT:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medica Prime Solution Medicare Cost policy will not duplicate your existing Medicare Supplement, Medicare Cost, Medicare Select, or if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement, Medicare Cost, Medicare Select coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason(s):

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 Additional benefits. No change in benefits, but lower premiums. Fewer benefits and lower premiums. 	
O My plan has prescription drug coverage and I am enrolling in Medicare Part D.	
O Disenrollment from a Medicare Advantage plan. Plea	se explain reason for disenrollment:
O Other (please specify below):	
imposing pre-existing condition limitations, please skip presently have (pre-existing conditions) may not be imm	ng applied for does not, or is otherwise prohibited from to statement 2 below. Health conditions that you may nediately or fully covered under the new policy. This could the new policy, whereas a similar claim might have been
periods, elimination periods, or probationary periods. The	ificate may not contain new pre-existing conditions, waiting insurer will waive any time periods applicable to preexisting ationary periods in the new policy (or coverage) for similar Medicare Cost policy.
Do not cancel your present policy until you have receiv	ed your new policy and are sure that you want to keep it.
Applicant Signature	Date
Agent Signature	Date

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