

# NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS COVERAGE

According to the information you have furnished, you intend to lapse or otherwise terminate existing accident and sickness coverage and replace it with the Agreement to be issued by Keystone Health Plan West. Your new Agreement provides 10 days within which you may decide whether you desire to keep the Agreement. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the coverage available to you under the new Agreement.

1. Health conditions you may presently have (pre-existing conditions) may not be immediately or fully covered under the new Agreement. This could result in denial or delay of a claim for benefits under the new Agreement, whereas a similar claim might have been payable under your present policy.
2. Even though some of your present health conditions may be covered under the new Agreement, you may be subject to certain waiting periods under the new Agreement before coverage is effective.
3. You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
4. If, after due consideration, 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 form concerning your medical/health history. Failure to include all material medical information on an enrollment form may provide a basis for Keystone Health Plan West to deny any future claims and to refund your premiums as though your Agreement had never been in force. Also, omissions or misstatements on the enrollment form could cause an otherwise valid claim to be denied.
5. The approval process of your Keystone Health Plan West application can take several weeks. You should not terminate your present coverage until Keystone Health Plan West has notified you that your application for enrollment has been accepted and an effective date of coverage for this new Agreement has been assigned.

After the enrollment form has been completed and before you sign it, re-read it carefully to be certain that all information has been properly recorded. Write to Keystone Health Plan West at Fifth Avenue Place, 120 Fifth Avenue, Pittsburgh, Pennsylvania 15222-3099, within 10 days if any information is not correct and complete, or if any past history has been omitted.

The above "Notice to Applicant" was delivered to me on:

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Applicant's Signature*



Keystone Health Plan West is an Independent Licensee  
of the Blue Cross and Blue Shield Association

**WHITE** copy to be signed and returned to Keystone Health Plan West along with application.  
Please retain **YELLOW** copy for your records.