

Replacement Review:

What You Need to Know

Essential areas regarding replacement business are featured on this page. In order to comply with federal law and avoid policy issue delays, review these application submission tips and maximize on-the-spot field underwriting! Be sure to check compliance sheets for forms specific to your state.

Shown right is a portion of the Replacement Form U-1318MSM.

Every state and the federal government requires the submission of a Replacement Form with each Medicare

Supplement replacement policy written. Item #2 states that waiting periods do not apply to replacement business. Item #3 reserves the right of United American to deny future claims if all questions on an application have not been truthfully and accurately completed.

- (2) State law provides that 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 to 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 INCLUDE ALL REQUESTED MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE 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 requested information has been properly recorded.

PART II: ELIGIBILITY QUESTIONS	
TO THE BEST OF YOUR KNOWLEDGE:	
3. Do you have another (or pending applications for) Medicare Supplement policy or certificate in force?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) If so, with which company? _____	
(b) If so, do you intend to replace your current Medicare Supplement policy with this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you have any other health insurance coverage that provides benefits similar to this Medicare Supplement policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(a) If so, with which company? _____	
(b) What kind of policy? _____	
(c) Do you intend to replace your other health coverage with this policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Shown left are questions three and four of Part II: Eligibility Questions on a standard UA Medicare Supplement application.

Question #3 asks the client if they have another Med-Supp policy or certificate in-force and clarifies the intent of the client to replace any existing coverage. Question #4 asks if the client has any other coverage similar to the Med-Supp policy for which he or she is applying.

If so, which company currently carries the policy and what kind of coverage must be disclosed.

Shown here is Part V: Agent Certification of UA's MA13 application.

In this section, the Agent attests that the Applicant has read, or had read to them, the completed application, and the Agent understands any misrepresentation may result in loss of coverage. Item #1 requires the Agent to list any other health insurance he or she has sold to the applicant which is still in-force. Item #2 asks for any other health insurance policy the Agent has sold to the applicant in the past five years which may no longer be in-force.

PART V: AGENT CERTIFICATION		
The undersigned Agent certifies that the Applicant has read, or had read to him, the completed application and that the Applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.		
AGENT COMPLETES (Attach separate sheet, if necessary.)		
1. List any other health insurance policy you have sold to the Applicant which is still in force:		

2. List any other health insurance policy you have sold to the Applicant in the past five (5) years which is no longer in force:		

I certify: (1) I have accurately recorded the information supplied by the Applicant, (2) I have given an outline of coverage for the policy applied for and a Medicare Supplement Buyers Guide to the Applicant.		
_____	_____	_____
(Print Agent's Name)	(Agent's Signature)	(Agent #)