

# UNITED AMERICAN INSURANCE COMPANY

**A LEGAL RESERVE STOCK COMPANY • ADMINISTRATIVE OFFICES: MCKINNEY, TEXAS**  
3700 S. STONEBRIDGE DR., P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

**Instructions to Agent:** This form is provided for the purpose of compliance with regulations regarding the replacement of accident and sickness insurance.

When the replacement question on the application is answered YES, this form must be dated, signed by the applicant and submitted with the application AND a copy of this form must be left with the applicant.

You must complete the Comparison of Policies on the reverse side of this form.

## **NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE**

According to **(your application) (the information you have furnished)**, you intend to lapse or otherwise terminate existing accident and health insurance and replace it with a policy to be issued by United American Insurance Company. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy. In particular, study the comparison statement which your agent is required to furnish you upon taking your application.

1. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. 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 it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
3. 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 application concerning your medical/health history. **FAILURE TO INCLUDE ALL MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS.** After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

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

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(Date)

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(Applicant's Signature)

### **IMPORTANT NOTICE**

SEE REVERSE SIDE FOR COMPARISON OF PRESENT POLICY BENEFITS AND NEW POLICY BENEFITS

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**SOUTH CAROLINA**  
Home Office Copy

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Applicant Copy

The requirement for a Notice to Applicant regarding replacement and this Comparison of Policies applies only to persons who are eligible for Medicare by reason of age.

## COMPARISON OF POLICIES

<b>POLICY BEING REPLACED</b>	<b>REPLACING POLICY</b>
<b>1. BENEFITS:</b>	<b>1. BENEFITS:</b>
<b>2. RENEWABILITY:</b>	<b>2. RENEWABILITY:</b>
<b>3. COVERAGE FOR PRE-EXISTING CONDITIONS:</b>	<b>3. COVERAGE FOR PRE-EXISTING CONDITIONS</b>
<b>4. LIMITATIONS AND EXCLUSIONS:</b>	<b>4. LIMITATIONS AND EXCLUSIONS:</b>

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