



Notice to Applicant Regarding Replacement of Medicare Supplement Insurance

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

According to your application, you intend to terminate existing Medicare supplement insurance and replace it with a policy or certificate to be issued by Mutual of Omaha Insurance Company. Your new policy or certificate will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy or certificate.

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 purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy or certificate.

Statement to Applicant by Issuer, Agent, Broker or Other Representative:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy or certificate will not duplicate your existing Medicare supplement coverage because you intend to terminate your existing Medicare supplement coverage. The replacement policy or certificate is being purchased for the following reason(s) (check one):

- Additional benefits
 - No change in benefits, but lower premiums
 - Fewer benefits and lower premiums
 - Other (please specify) _____
- _____
- _____
- _____

If, you still wish to terminate your present policy or certificate 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 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 or certificate 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 or certificate until you have received your new policy or certificate and are sure that you want to keep it.

(Signature of Agent, Broker or Other Representative)*

Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175

(Applicant's Signature)

(Date)

*Signature not required for direct response sales.



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