



PART I

BLUE CROSS AND BLUE SHIELD OF MINNESOTA INSURANCE SUITABILITY FORM

Pursuant to MN Statute Section 72A.20, subdivision 34

PART II

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE INSURANCE

Pursuant to MN Statute Section 62A.44, subdivision 2, (d) and (e)

PART III

NOTICE CONCERNING POLICYHOLDER RIGHTS IN AN INSOLVENCY

**SAVE THIS NOTICE WITH A COPY OF YOUR APPLICATION FOR COVERAGE.
IT MAY BE IMPORTANT TO YOU IN THE FUTURE.**

Blue Cross® and Blue Shield® of Minnesota and Blue Plus® are nonprofit independent licensees of the Blue Cross and Blue Shield Association.

PART I

FOR THE APPLICANT

All Medicare beneficiaries applying for medical insurance to coordinate with Medicare Part A and Medicare Part B must complete this form.

Under Minnesota law, your agent is obligated to make reasonable inquiries of you to determine which, if any, of the Blue Cross and Blue Shield of Minnesota (Blue Cross) plans is suitable for your needs. You may also want to talk with a family member or friend about your selection. If you are thinking of keeping your current coverage, discuss the rates and benefits of that plan in comparison to the new Blue Cross product you are choosing. Remember, if you want to increase your benefits in the future, your eligibility may be determined by your medical history and health status at that time. Consider the following before you choose one (1) of our Medicare Supplement or Medicare Select products.

- (1) You do not need more than one Medicare supplement policy or certificate.
- (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- (3) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy or certificate.
- (4) The benefits and premiums under your Medicare supplement policy or certificate can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy or certificate will be reinstated if requested within 90 days of losing Medicaid eligibility.
- (5) Counseling services may be available in Minnesota to provide advice concerning medical assistance through state Medicaid, Qualified Medicare Beneficiaries (QMBs), and Specified Low-Income Medicare Beneficiaries (SLMBs).

To the best of your knowledge:

- (1) Do you have another Medicare supplement policy or certificate in force?
 - (a) If so, with which company?
 - (b) If so, do you intend to replace your current Medicare supplement policy with this policy or certificate?
- (2) Do you have any other health insurance policies that provide benefits which this Medicare supplement policy or certificate would duplicate?
 - (a) If so, please name the company.
 - (b) What kind of policy?
- (3) Are you covered for medical assistance through the state Medicaid program? If so, which of the following programs provides coverage for you?
 - (a) Specified Low-Income Medicare Beneficiary (SLMB),
 - (b) Qualified Medicare Beneficiary (QMB), or
 - (c) full Medicaid Beneficiary?"
 - (d) Agents shall list any other health insurance policies they have sold to the applicant.
 - (1) List policies sold that are still in force.
 - (2) List policies sold in the past five years that are no longer in force.

My agent has discussed the proposed coverage with me and considered all of my circumstances. We agree that this plan is suitable for me.

My plan choice is: _____

Applicant's Signature

Date

PART II
NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE INSURANCE

Blue Cross and Blue Shield of MN
PO Box 64560
St Paul, MN 55164

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

- According to your application, you intend to terminate your existing medical insurance and replace it with a contract to be issued by Blue Cross.
- Your new contract provides 30 days within which you may decide without cost whether to keep the contract.

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

Applicant's Signature

Date

STATEMENT TO APPLICANT BY THE AGENT

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

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

(1) Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy or certificate. This could result in denial or delay of a claim for benefits under the new policy or certificate, whereas a similar claim might have been payable under your present policy or certificate.(2) State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods, or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent the time was spent (depleted) under the original policy or certificate.(3) 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. (If the policy or certificate is guaranteed issue, this paragraph need not appear.)

Do not cancel your present policy or certificate until you have received your new policy or certificate and you are sure that you want to keep it.

Applicant's Signature

Date

FOR THE AGENT

I have discussed the suitability of the proposed coverage with my client and have considered the totality of the applicant's circumstances.

Agency Code: _____ **Agent Number:** _____ **Agent's Name:** _____

Agent's Signature: _____

Date: _____ **Daytime Phone No: (_____)** _____

PART III Notice Concerning Policyholder Rights in an Insolvency Under the Minnesota Life and Health Insurance Guaranty Association Law

If the insurer or health maintenance organization that issued your life, annuity or health insurance policy becomes impaired or insolvent, you are entitled to compensation for your policy from the assets of that insurer. The amount you recover will depend on the financial condition of the insurer or health maintenance organization.

In addition, residents of Minnesota who purchase life insurance, annuities, or health insurance from insurance companies authorized to do business in Minnesota are protected, SUBJECT TO LIMITS AND EXCLUSIONS, in the event the insurer or health maintenance organization becomes financially impaired or insolvent. This protection is provided by the Minnesota Life and Health Insurance Guaranty Association.

Minnesota Life & Health Insurance Guaranty Association 3300 Wells Fargo 90 South 7th Street Minneapolis, MN 55402	Phone: 612-322-8713 Fax: 402-474-5393 Email Address: info@mnlifega.org Website: https://www.mnlifega.org/
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The maximum amount the Guaranty Association will pay for all policies issued on one life by the same insurer or health maintenance organization is limited to \$500,000. Subject to this \$500,000 limit, the Guaranty Association will pay up to \$500,000 in life insurance death benefits, \$130,000 in net cash surrender and net cash withdrawal values for life insurance, \$500,000 in health insurance health maintenance organization, and long-term care benefits, including any net cash surrender and net cash withdrawal values, \$500,000 in disability income insurance, \$250,000 in annuity net cash surrender and net cash withdrawal values, \$410,000 in present value of annuity benefits for annuities which are part of a structured settlement or for annuities in regard to which periodic annuity benefits, for a period of not less than the annuitant's lifetime or for a period certain of not less than ten years, have begun to be paid on or before the date of impairment or insolvency, or if no coverage limit has been specified for a covered policy or benefit, the coverage limit shall be \$500,000 in present value. Unallocated annuity contracts issued to retirement plans, other than defined benefit plans, established under section 401, 403(b), or 457 of the Internal Revenue Code of 1986, as amended through December 31, 1992, are covered up to \$250,000 in net cash surrender and net cash withdrawal values, for Minnesota residents covered by the plan provided, however, that the Association shall not be responsible for more than \$10,000,000 in claims from all Minnesota residents covered by the plan. If total claims exceed \$10,000,000, the \$10,000,000 shall be prorated among all claimants. These are the maximum claim amounts. Coverage by the Guaranty Association is also subject to other substantial limitations and exclusions and requires continued residency in Minnesota. If your claim exceeds the Guaranty Association's limits, you may still recover a part or all of that amount from the proceeds of the liquidation of the insolvent insurer, if any exist. Funds to pay claims may not be immediately available. The Guaranty Association assesses insurers and health maintenance organizations licensed to sell life and health insurance in Minnesota after the insolvency occurs. Claims are paid from this assessment. Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefits as the base life insurance policy or annuity contract to which it relates.

THE COVERAGE PROVIDED BY THE GUARANTY ASSOCIATION IS NOT A SUBSTITUTE FOR USING CARE IN SELECTING INSURANCE COMPANIES THAT ARE WELL MANAGED AND FINANCIALLY STABLE. IN SELECTING AN INSURANCE COMPANY, CONTRACT OR POLICY, YOU SHOULD NOT RELY ON COVERAGE BY THE GUARANTY ASSOCIATION.

THIS NOTICE IS REQUIRED BY MINNESOTA STATE LAW TO ADVISE POLICYHOLDERS OF LIFE, ANNUITY, OR HEALTH INSURANCE, OR HEALTH MAINTENANCE ORGANIZATION POLICIES AND CONTRACTS OF THEIR RIGHTS IN THE EVENT THEIR INSURANCE CARRIER BECOMES FINANCIALLY INSOLVENT. THIS NOTICE IN NO WAY IMPLIES THAT THE COMPANY CURRENTLY HAS ANY TYPE OF FINANCIAL PROBLEMS. ALL LIFE, ANNUITY, AND HEALTH INSURANCE AND HEALTH MAINTENANCE ORGANIZATION POLICIES AND CONTRACTS ARE REQUIRED TO PROVIDE THIS NOTICE.