

Figure: 28 TAC §3.3830(e)

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS  
OR LONG-TERM CARE INSURANCE**

(Insurance company's name and address)

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

According to (your application) (information you have furnished), you intend to lapse or otherwise terminate existing accident and sickness or long-term care insurance and replace it with the long-term care insurance policy and certificate (if applicable) delivered herewith issued by (Company Name) Insurance Company. Your new policy or certificate (coverage) provides 30 days within which you may decide, without cost, whether you desire to keep the policy or certificate. 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 coverage.

You should review this new coverage carefully, comparing it with all accident and sickness or long-term care insurance coverage you now have, and terminate your present policy only if, after due consideration, you find that purchase of this long-term care coverage is a wise decision.

(1) Health conditions which you may presently have (pre-existing condition) may not be covered immediately or fully under the new coverage. This could result in denial or delay in payment of benefits under the new coverage, whereas a similar claim might have been payable under your present coverage.

(2) State law provides that your replacement policy or certificate may not contain new pre-existing conditions or probationary periods. Your insurer will waive any time periods applicable to pre-existing conditions or probationary periods in the new policy or certificate (coverage) for similar benefits to the extent such time was satisfied under the original coverage.

(3) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present coverage. 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.

(4) (To be included only if the application is attached to the policy or other coverage.) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, read the copy of the application attached to your new coverage and be sure that all questions are answered fully and correctly. Omissions or material misstatements in the application could cause an otherwise valid claim to be denied. Carefully check the application and write to (Company Name and Address) within 30 days if any formation is not correct and complete, or if any past medical history has been left out of the application.

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(Company Name)