

UNITED AMERICAN INSURANCE COMPANY
A DELAWARE 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.

NOTICE TO APPLICANT
REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to (your application) (the information furnished by you), you intend to lapse or otherwise terminate existing accident and sickness insurance _____ you have with _____ 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.

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 a 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 that all questions on the application concerning your medical/health history are truthfully and completely answered. **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 HAD NEVER BEEN IN FORCE.** After the application has been completed, it should be carefully reviewed before being signed to be certain that all information has been properly recorded.
4. New policies may be issued at an older age than that being used for issuance of your present policy; therefore, the cost of the new policy, depending upon the benefits, may be higher than you are paying for your present policy.
5. The renewal provisions of the new policy should be reviewed so as to make sure of your rights to periodically renew the policy.

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

(Date)

Witness: _____
(Writing Agent)

(Applicant's Signature)