



Name of Applicant _____ Policy # _____
(Please Print) (If known)

Will this insurance replace any other accident and sickness insurance presently in force?..... Yes No
If yes, see below.

According to your statement you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by TIME 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 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 interests 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 and to refund your premium as though your policy had never been in force. 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:

(Applicant's Signature)

(Date)

**PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS
PLEASE FAX TO: 414-299-6020**