

KANAWHA INSURANCE COMPANY

Post Office Box 610, Lancaster, South Carolina 29721-0610
Delivery: 301 South Main Street, Lancaster, South Carolina 29720
Telephone: 803-283-5300 Facsimile: 803-283-5350

ACKNOWLEDGEMENT OF NONDUPLICATION

Please read carefully before signing.

I, _____,
Name of Licensed Resident Insurance Producer

certify that I have done the following:

1. Informed the undersigned applicant of the right to have all existing health insurance policies presently in force reviewed by me to determine whether duplicate coverage will occur with the issuance of this policy.
2. Reviewed the policies listed below and have found that duplication **WILL** or **WILL NOT** (*circle one*) occur with the issuance of the applied-for policy.

Policy Form Number

Company	Policy Number	Type of Policy
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check one:

- a. Duplication will not occur because the above listed policy (ies) _____ will be replaced by the applied-for policy _____ (form number). Justification for the replacement is (explain benefit to applicant.)

- b. No health policies are in force at this time.
- c. Applicant has elected not to have the policy(ies) reviewed.

Date Signature of Licensed Resident Insurance Producer

NOTICE TO CONSUMERS

Age 65 and Older

This Notice is required by the Texas State Board of Insurance because of its concern that some consumers may buy unnecessary coverage or may replace their coverage needlessly. Buying too much coverage or replacing a policy may be a waste of your money.

1. Purchasing more than one policy of each of the following types may be unnecessary and costly:
 - Specified disease (cancer, stroke, etc.)
 - Hospital indemnity
 - Basic hospital expense or basic medical expense (these policies are typified by a scheduled benefit per illness)
 - Long term care

The Texas State Board of Insurance cannot say whether you should or should not purchase any or all of these policy types. The decision is yours alone and should be determined by your needs and circumstances.

2. If you have more than one policy in any of the above categories, the Texas State Board of Insurance suggests that you get a second opinion from someone you trust as to whether you need more than one of these policies.
3. If you replace existing health insurance policies, you may lose coverage during a period of time that new exclusions, reductions, limitations or waiting periods must be served.
4. The Texas State Board of Insurance strongly urges you to allow your insurance producer or company to review all of your current health policies prior to replacing existing health coverage or purchase additional health coverage.

I certify that my right to have all of my existing health policies examined has been explained to me by the insurance producer named above.

- I have been informed that the policy for which I am applying **WILL** or **WILL NOT** (circle one) result in duplicate coverage.
- I have chosen to waive my right to have my policies reviewed to determine if they unnecessarily duplicate each other.

I have read the above notice. Dated this _____ day of _____,

Signature of Applicant

Printed Name of Applicant