



210 South White Street; Post Office Box 610
Lancaster, South Carolina 29721-0610
Telephone (Toll Free) 1-877-2378-1505

NOTICE TO APPLICANT REGARDING REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE

According to your application, you intend to lapse or otherwise terminate existing accident and health insurance Policy Number _____ that you have with _____, and replace it with a policy issued by *Kanawha Insurance Company*.
Name of Insurance Company

For your 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 may have been payable under your present policy.
2. You may wish to secure the advice of your present insurer or its insurance producer regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to be certain that you understand all 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 Kanawha 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 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.

This **Notice to Applicant** was delivered to me on:

_____ Date

_____ Signature of Applicant

_____ Date

_____ Signature of Licensed Resident Insurance Producer

(Original to Applicant; Copy to Home Office)