

**NOTICE TO APPLICANT REGARDING  
REPLACEMENT OF ACCIDENT AND HEALTH INSURANCE**

According to your application, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by *Kanawha Insurance Company*. For your own information and protection, certain facts should be pointed out to you which could affect your rights to coverage under the new policy.

1. Health conditions which you may presently have may not be covered under the new policy. This could result in a claim for benefits being denied which may have been payable under your present policy.
2. Even though some of your present health conditions may be covered under the new policy, these conditions may be subject to certain waiting periods under the new policy before coverage is effective.
3. Questions in the application for the new policy must be answered truthfully and completely; otherwise, the validity of the policy and the payment of any benefits thereunder may be voided.
4. It may be to your advantage to secure the advice of your present carrier or its producer regarding the proposed replacement of your present policy. This is your right under the policy you have chosen.

This **Notice to Applicant** was delivered to me on the date entered below.

\_\_\_\_\_

Date

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Signature of Applicant

*Original to Applicant; Copy to Home Office with Application*