



**PENN TREATY NETWORK AMERICA
INSURANCE COMPANYSM
3440 LEHIGH STREET P.O. BOX 7066
ALLENTOWN, PA 18103-7066
(800) 362-0700**

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF
ACCIDENT AND SICKNESS OR LONG TERM CARE INSURANCE**

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOUR FUTURE

According to your application, you intend to lapse or otherwise terminate existing accident and sickness or Long Term Care insurance and replace it with an individual Long Term Care insurance policy to be issued by Penn Treaty Network America Insurance CompanySM. Your new policy provides thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. 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.

You should review this new coverage carefully, comparing it with all sickness and accident or Long Term Care insurance coverage that you now have, and terminate your present policy only if, after due consideration, you find the purchase of this Long Term Care insurance a wise decision.

STATEMENT TO APPLICANT BY AGENT (BROKER OR OTHER REPRESENTATIVE)

1. Health conditions which you presently have (pre-existing conditions), may not be immediately or fully covered under this new policy. This could result in denial or delay in payment of benefits under the new policy whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions or probationary periods in the new policy for similar benefits to the extent that such time was spent under the original policy.
3. If you are replacing existing Long Term Care insurance coverage, 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 relevant factors involved in replacing your present coverage.
4. If, after due consideration, you still wish to terminate or add to your present policy, 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, read it carefully to be certain that all the information has been properly recorded.

COMPARISON TO YOUR CURRENT COVERAGE: I have reviewed both your current medical or health insurance coverage. To the best of my knowledge, the replacement of insurance involved in this transaction materially improves your position for the following reason:

- ☐ Additional or different benefits (please specify) _____
☐ No change in benefits, but lower premiums
☐ Fewer benefits and lower premiums
☐ Other (please specify) _____

(Signature of Agent, Broker, or other Representative)

Name of other Company

Address

Policy Number

The above Notice to Applicant was delivered to me on: ____ / ____ / ____
(Date)

Address of other Company

(Signature of Applicant)

City

State

Zip

NOTICE TO AGENT:

Please complete the Long Term Care Comparison Form with all Non-Tax-Qualified and Tax-Qualified Long Term Care policies in all states.