

M1037-CO

Agent Instructions: Please have the applicant complete these forms if they are residents of the State of Colorado

- Submit the Home Office copy with the Application (page 2).
- Leave applicant's copy with them (page 3).



P.O. Box 3160
Omaha, Nebraska 68103-0160

Notice to Applicant Regarding Replacement of Accident and Sickness Insurance

According to your application the information furnished by you, you intend to lapse or otherwise terminate your present policy and replace it with a policy to be issued by World Insurance Company. Your new policy will provide a 10-day free look period, within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find the purchase of this accident and sickness coverage is a wise decision you should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

Statement to Applicant by Issuer or Producer:

I have reviewed your current accident and sickness insurance coverage. To the best of my knowledge, this accident and sickness policy will not duplicate your existing coverage because you intend to terminate your existing coverage. The replacement policy is being purchased for the following reason(s) (check one):

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

1. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of claim for benefits under the new policy, whereas a similar claim may have been payable under your present policy.
2. State law provides that your replacement policy or contract may not contain new preexisting conditions, waiting periods, elimination periods, or probationary periods. The issuer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you 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 and 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 has never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Signature of Producer _____

Name and Address of Producer _____

Applicant's Signature _____

Date _____

Notice to Agent: If applicable, have the proposed insured complete this page and the previous page. Please leave this page with Proposed Insured in all cases. Disregard completing this form if not applicable.

Submit with application for insurance.



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Leave with the proposed insured.



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