

Physicians Plus Insurance Corp.
PO Box 2078
Madison, WI 53701-2078
(608) 282-8900 or (800) 545-5015
www.pplusic.com

MEDICARE NOTICE

Please save this important notice for future reference.

MEDICAL ASSISTANCE ENTITLEMENT NOTICE

1. You do not need more than one Medicare Supplement policy.
2. If you wish to terminate your present policy and replace it with new coverage, 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 had never been in force. After the application is completed and before you sign it, review it carefully to be sure that all information is properly recorded.
3. If you purchase this policy, you may want to evaluate your existing health coverage and decide whether you need multiple coverages. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement policy.
4. The benefits and premiums under your Medicare Supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstated upon your request within 90 days of losing Medicaid eligibility.
5. Counseling services are available to provide advice concerning your purchase of Medicare Supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). See the "Wisconsin Guide to Health Insurance for People with Medicare" booklet that you received at the time you were solicited to purchase this policy.

MEDICARE SUPPLEMENT REPLACEMENT NOTICE

1. If you intend to terminate existing Medicare Supplement insurance or other health insurance and replace it with a policy issued by Physicians Plus Insurance Corporation, your new policy will provide 30 days within which you may decide, without cost, whether you desire to keep the policy.
2. You should review this new coverage carefully, and compare it with all other accident and sickness coverage you have. If, after due consideration, you find that the purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy. Do not cancel your present policy until you receive your new policy and are sure you want to keep it.

Please sign below to acknowledge that you read and understand the above statements.

Statement to Applicant by Issuer, Agent (Broker or other representative):

I reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement coverage because you intend to terminate your existing Medicare Supplement coverage. The replacement policy is being purchased for the following reason(s):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- Other. Please specify:

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received and understand the following information from Physicians Plus: Outline of Coverage, Directory of Physicians Plus HMO Providers and "Wisconsin Guide to Health Insurance for People with Medicare" published by the Office of the Commissioner of Insurance.

Signature of Agent, Broker or Other Representative

Typed Name and Address of Issuer

Applicant Signature

Date