



Blue Shield of California Life & Health Insurance Company Acknowledgement of Life Insurance Replacement Coverage

All applicants applying for life insurance with their Application for Blue Shield Individual and Family Health Plans must complete this form and keep the original. Please complete and submit **a copy of this form** with your Application for Blue Shield Individual and Family Health Plans. This form must be completed in blue or black ink. Boxes should be marked as follows: Please note: Applicants who are not working with an agent must complete Part 1, and if they answer "Yes" in Part 1, they must provide a signature in Part 3 and the information requested in Part 4.

Part 1 – Disclosure of existing life insurance policy (this section is to be completed by the applicant)

_____, _____ Date of birth _____
Insured's first name (please print) Insured's last name (please print) mm/dd/yyyy

Are you purchasing life insurance to replace an existing life insurance policy?

- Yes, I am replacing an existing life insurance policy
 No, I am not replacing an existing life insurance policy (skip Parts 2, 3, 4)

_____, _____, _____
Applicant's signature (or parent/legal guardian) First name (please print) Last name (please print)

Date signed

Part 2 – Agent declaration

If the applicant checked "Yes" in Part 1 above, then the agent must complete this section. **For your protection, California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

I, _____ (print agent name), acknowledge that an individual life insurance replacement is or may be involved in the transaction for my client, named above, to obtain individual life insurance from Blue Shield Life & Health Insurance Company.

_____, _____
Agent's signature Date signed

Part 3 – Notice regarding replacement

If the applicant checked "Yes" in Part 1, then the applicant and agent must complete Part 3 below. **The applicant must keep the original signed form.** The applicant or agent must submit a copy of this form with the Application for Blue Shield Individual and Family Health Plans.

Replacing your life insurance policy or annuity?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one – or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits. Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it. Hear both sides before you decide. This way you can be sure you are making a decision that is in your best interest. We are required by law to notify your existing company that you may be replacing their policy.

_____, _____, _____, _____
Applicant's signature Date Agent signature Date
(or parent/legal guardian)

Part 4 – Existing life insurance policy information

If the applicant checked "Yes" in Part 1 above, then the applicant must provide information in the space below regarding their existing individual life insurance policy or policies.

Existing life insurance company name	Company address, city, state, ZIP	Contract/policy number*

* If no contract or policy number has been assigned by the existing insurer, list alternative identification, such as an application or receipt number.