



ACKNOWLEDGMENT OF NONDUPLICATION (Medicare Supplement)

An Independent Licensee of the Blue Cross and Blue Shield Association.
636 Grand Avenue
Des Moines, Iowa 50309

FOR COMPLETION BY AGENT:

I, _____ certify that I have done the following:
(Agent's Name)

1. Informed the undersigned applicant of the right to have all existing health insurance policies presently in force reviewed by me to determine whether any duplicate coverage will occur with the issuance of this contract.
2. Reviewed the policies listed below and have found that duplication will / will not (circle one) occur with the issuance of the following contract:

Company	Policy Number	Type of Policy

- Duplication will not occur because the above policy(ies) will be replaced by the applied for contract.
- No health policies in force at this time.
- Applicant has elected not to have policy(ies) reviewed.

List any health insurance policies you have sold to the applicant which are still in force.

Company	Policy Number	Type of Policy

List any health insurance policies you have sold to the applicant in the past five years which are no longer in force.

Company	Policy Number	Type of Policy

Date _____ Agent _____

FOR COMPLETION BY APPLICANT:

I certify that I have been informed of my right to have all of my existing health policies reviewed and:

- I have been informed that the policy for which I am applying will / will not (circle one) result in duplicate coverage.
- I have elected not to have my policies reviewed.

Iowa law prohibits the sale of Medicare supplement coverage which will provide an individual more than one Medicare supplement policy; therefore, my signature also certifies that if I have a policy in force today that will duplicate Senior Blue, I will cancel that policy upon notification of my acceptance for coverage by Wellmark Blue Cross and Blue Shield of Iowa.

Date _____ Applicant _____