Golden Rule®

Golden Rule Insurance Company

Home Office
712 Eleventh Street
Lawrenceville, Illinois 62439

Notice to Applicant
Regarding Replacement of
Accident and Sickness Insurance

Dear Applicant:

According to your application, you intend to lapse or otherwise terminate existing insurance (identified below) and replace it with a new policy from Golden Rule. For your own information and protection, you should be aware of and seriously consider certain factors that may affect your coverage under the new policy.

(1) Full coverage will be provided under the new policy for pre-existing health conditions: (a) that are fully disclosed in your application; and (b) for which coverage is not excluded or limited by name or specific description. Other health conditions that you may now have may not be immediately or fully covered under the new policy. This could result in a claim for benefits being denied, reduced or delayed under the new policy, whereas a similar claim might have been payable under your present policy.

(2) 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 the relevant factors involved in replacing your present coverage.

(3) If after due consideration you still 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 a future claim 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, re-read it carefully. Be certain that all information has been properly recorded.

(4) Finally, we recommend that you not terminate your present policy until you are certain that your application for the new policy has been accepted by Golden Rule.

Existing Insurance:_____ _____
Policy Number Company's Name

The above "Notice to Applicant" was delivered to me on: _____
Date

Witness: _____ _____
Agent or Broker (if present) Applicant's Signature

ORIGINAL -- to Applicant **COPY** -- to Golden Rule

Make sure Applicant's signature is legible on the copy.