



**UCT**® *A Fraternal Benefit Society*

**THE ORDER OF UNITED COMMERCIAL TRAVELERS OF AMERICA**

1801 Watermark Drive, Suite 100  
P.O. Box 159019  
Columbus, OH 43215-8619

(614) 487-9680  
(800) 848-0123 Toll-free  
(614) 487-9675 Fax

Web site: [www.uct.org](http://www.uct.org)

**NOTICE TO APPLICANT REGARDING REPLACEMENT  
OF ACCIDENT AND SICKNESS INSURANCE**

According to your application, you intend to lapse or otherwise terminate existing accident and sickness insurance and replace it with a policy to be issued by The Order of United Commercial Travelers of America. For your own information and protection, you should be aware of and seriously consider certain factors that may affect the insurance protection available to you under the new policy.

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 interests to make sure you understand all the relevant factors involved in replacing your present coverage.

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 concern your medical/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 has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

\_\_\_\_\_  
(Signature of Agent, Broker or Other Representative)

Print Name and Address of Agent: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)



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