

# Statement of Understanding

I acknowledge that I have reviewed my current Medicare coverage and chose to change my Medicare coverage understanding one or more of the below statements is true and accurate concerning my new plan.

Initial all that apply:

\_\_\_\_\_ 1. I understand that I am changing from a Medicare Supplement to a Medicare Advantage and the differences concerning copays and out of pocket expenses.

\_\_\_\_\_ 2. I understand 1 or more of my doctors are NOT in the network.

\_\_\_\_\_ 3. I understand 1 or more of my prescriptions are NOT in the formulary.

\_\_\_\_\_ 4. I understand I am changing to an HMO network and agree I understand how that is different from a PPO network and or original Medicare.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent Name

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date