



May 6, 2020

# Notice of Replacement Forms

When your client wants to terminate their Medicare Advantage or Medicare Supplement policy and replace it with a policy issued by Blue Cross and Blue Shield of Montana (BCBSMT), we require the applicant sign a [Notice of Replacement form](#).

## Applicant Authorization and Signature Rules

The current state of emergency has restricted the ability to obtain face-to-face or in-person handwritten signatures (often called “wet” signatures). On an interim basis, we have modified our signature requirements for paper forms for our over 65 lines of business. This include Medicare Supplement, MAPD and PDP. [Get the details here.](#)

Once you have your client’s authorization, we have new rules on submitting the documents to us.

## Submission Rules

### Use the “Fillable” Form

The Notice of Replacement form is now “fillable.” This allows you to open the file, type in the correct information and save the digital file. If you must complete the form by hand, please write legibly. Unreadable forms cannot be processed.

### Complete All Fields

**All fields must be completed**, even when the client/applicant wasn’t able to the sign the form. In lieu of your client’s signature, use that field to give details about the authorization, e.g., “Obtained Jane Doe’s authorization on 4/1/2020 at 8 am CT via email.” (For client authorizations, be sure to [review our interim business rules](#).)

**BlueCross BlueShield of Montana**

Notice to Applicant Regarding  
**REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR MEDICARE ADVANTAGE**

**SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE**

According to your application, you intend to terminate existing Medicare supplement or Medicare Advantage coverage and replace it with a policy to be issued by Blue Cross and Blue Shield of Montana. Your new policy will provide thirty (30) days within which you may decide, without cost, whether you desire to keep the policy. You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. Terminate your present coverage only if, after due consideration, you find that purchase of this Medicare Supplement or Medicare Advantage coverage is a wise decision.

**STATEMENT TO APPLICANT BY AGENT:**  
I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment: \_\_\_\_\_
- Other (please specify): \_\_\_\_\_

- Note: If the issuer of the Medicare supplement policy applied for does not, or is otherwise prohibited from imposing preexisting condition limitations, please skip to statement 2 below. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) to the extent such time was spent (depleted), as long as you have not allowed your policy to lapse for over 63 days.
- If 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 issuer to deny any future claims and to refund your premium as though the policy had never been in force. After the application has been completed and before you sign it, read and review it carefully to be certain that all information has been properly recorded.

**Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.**

Blue Cross and Blue Shield of Montana, 3645 Alice Street, Helena, MT 59601

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

Signature of Agent, Broker, or Other Representative \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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NOTICE150.2006 351914.1217

# Submission Rules

## Include Applicant Information

Write across the top of the replacement form the following information.

- The applicant's Medicare Beneficiary Identifier (MBI) if the applicant has one
- The applicant's date of birth

## Upload Via the Retail Producer Portal

The Retail Producer Portal enables you to upload documents. ([If you aren't registered to use the portal, it's easy to do.](#)) To upload a form to the [Retail Producer Portal](#), first log in and select the E-Communication tab.

1. In the "Document Submission" area, click on the "Document Submission" link.
2. An "Account Number" is optional.
3. The "E-App Number" field is also optional. You can submit documents that don't have a corresponding e-app number.

The screenshot shows the 'E-Communication' tab selected in the top navigation bar. Under the 'Document Submission' sub-tab, the 'Document Submission' link is highlighted with a red box and a callout '1'. Below this, the 'Document Submission' form is displayed. It includes instructions and several input fields: 'Account Number' (optional, callout '2'), 'E-App Number' (optional, callout '3'), 'Document Type' (required, dropdown menu with 'Please Select One', callout '4'), and 'Location and Filename' (required, callout '5') which includes a 'Choose File' button and 'No file chosen' text. A note indicates 'Maximum File Size 2.5MB'. A 'Submit' button is located at the bottom right, callout '6'. A legend at the bottom left states '\* Denotes a required field'.

4. Select the "Outstanding Requirements" option from the "Document Type" drop down box.
5. Choose the file. The filename will populate the "Location and Filename" field.
6. Click the "Submit" button. When you receive a Document Submission confirmation message, retain for your records. Click the "OK" button.

If you need more help using the Retail Producer Portal, [see our guide](#).

## Alternative to Uploading Forms via the Retail Producer Portal

Mail to: Blue Cross and Blue Shield of Montana, 3645 Alice Street, Helena, MT 59601