



American Integrity Life Insurance Company  
PO Box 22805  
Hot Springs, AR 71903  
Ph: (866) 524-5433 Fx: (888) 332-5144

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**CONDITIONAL RECEIPT (APPLICANT COPY)**

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## Receipt of Premium Collected

from American Integrity Life Insurance Company

Print clearly and use blue or black ink  
Applicant keeps this receipt for their records.

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Proposed insured's Name (Printed)

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Date of Application

Check  Money Order

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Initial payment collected (if applicable)

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PAT draft amount or Credit/Debit card charge amount

This acknowledges receipt of your application and premium collected (if any) for an American Integrity Life Insurance Company Hospital Indemnity Plan.

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Agent's Signature

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Agent's Printed Name

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Date Signed (mm/dd/yyyy)

Payment will be refunded for any coverage not issued.

All premium payments must be made payable to American Integrity Life Insurance Company.

DO NOT make any check payable to the agent and do not leave the payee blank on the check.

A recorded interview may be required as part of the underwriting on your application for insurance.

**Thank you for choosing American Integrity Life Insurance Company!**

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**AMERICAN INTEGRITY**  
LIFE INSURANCE COMPANY

*“Protect yourself Today  
from the unexpected financial  
burdens of Tomorrow”*

# Freedom Choice

## Hospital Indemnity Plan

PO Box 22805  
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