



"Serving you
- since '32"

OLD SURETY LIFE

INSURANCE COMPANY

P.O. BOX 54407 - OKLAHOMA CITY, OK 73154-1407

405-523-2112

Toll Free # 1-800-272-5466

OLD SURETY *SureApps* program.

NORTH CAROLINA APPLICATIONS

1. The **SureApps** program is for Old Surety Medicare Supplement Plans **ONLY**. Any Life Insurance, DVH or other applications are only accepted via mail.
2. Applications are to be faxed, or uploaded only when initial premium is being drafted from a checking or a savings account. Applications with collected premiums **MUST** be mailed directly to Old Surety.
3. **The SureApps cover sheet must be included with each application.** Each application must have its own cover sheet and only one application per transmission.
 - SureApps Cover Sheet
 - Application in numeric page order
 - Any state specific or replacement forms where applicable
 - Client Signed and Dated Premium Payor Authorization Agreement form
 - Copy of a voided check
4. Applications can be sent by fax to 1-888-519-7137. We also have the Agent Support Site at www.oldsurety.com. Our Agent Support Site is a secured site and can only be accessed with a Login ID and Password.
5. Drafting of monies from checking accounts or savings accounts are available as monthly, quarterly, semi-annual and annual premium modes.
6. When electing to withdraw funds from a checking or savings account, the policy owner will need to provide a voided check and fill out the Premium Payor Authorization Agreement form.

7. When electing to withdraw funds from a debit only account (where the customer does not have checks for the account), it is extremely important that the account number, bank routing number, and the bank's complete name and address are correctly written on the Premium Payor Authorization Agreement form.
8. Please instruct your client to note in their bank account records the amount of the first, including policy fee(s) if applicable, and all future premium payments to be automatically withdrawn for Old Surety.
9. Retain, in a secure location, copies of all paperwork faxed or uploaded to Old Surety as well as the confirmation form for at least one (1) year from the date of transmission.
10. All required and completed paperwork may be faxed to Old Surety up to – but NOT earlier than – 60 days prior to the desired policy effective date. The initial premium, including the policy fee(s) if applicable, will be processed on the date the policy is approved by the underwriter which may or may not be the requested effective date. Applications cannot be dated more than 60 days prior to the requested effective date.
11. It is essential that all paperwork be legible. Pages must be faxed in numeric order. If paperwork is unclear or unreadable, you will be contacted and asked to resend all paperwork a second time. If the papers are still unclear or unreadable, you will be asked to mail in all of the original paperwork, and the process will revert to regular mailed-in application status.
12. You should receive a confirmation within 48 hours by email or fax, verifying receipt of your application. Check your fax machine to ensure proper transmission. Do not contact Old Surety regarding the policy status for at least 48 hours after the successful transmission to inquire about receipt or status of the policy. It is the agent's responsibility to contact Old Surety if they have not received CONFIRMATION of a faxed, or uploaded application. **IF YOU DO NOT RECEIVE A CONFIRMATION** it is because we did NOT receive your application.
13. If you have questions, please contact our Marketing Department at 1-800-272-5466.



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Old Surety Life Insurance Company SureApps Application Cover Sheet

SureApps Fax Number: 1-888-519-7137
NORTH CAROLINA APPLICATIONS

Proposed Insured: _____
First Middle Last

Fax all of the following items:

- SureApps Cover Sheet
- Application in numeric page order
- Any state specific or replacement forms where applicable
- Client Signed and Dated Premium Payor Authorization Agreement form
- Copy of a voided check

Pages Including
Cover Sheet _____

Agent Information:

Agent Name: _____ Agent Writing #: _____

E-Mail Address: _____

Fax # _____ Office Phone: _____ Cell Phone: _____

I prefer to receive confirmation by Fax Email

AGENT INSTRUCTIONS

- Include a copy of this cover sheet with each Medicare Supplement Application either faxed or uploaded through OSL Agent Support Site at www.OldSurety.com. (Life, DVH or any other applications are not accepted via SureApps)
- Confirm that the Premium Payor Authorization Agreement form is properly completed for the type of account selected and signed.
- Make sure that your applicant has noted the current and future premium payments to be withdrawn from his/her bank account.
- Applications with money orders, cashiers or personal checks cannot be accepted by the SureApps program and should be mailed directly to Old Surety.
- OSL will send confirmation, by fax or email, within 48 hours if the application was successfully received.
- **If you do not receive a confirmation, after 48 hours, you can assume that OSL did not receive the application.**
- DO NOT MAIL the original copies of the application, voided check, or any additional forms. This could lead to duplication of policies and premiums. After successful transmission and confirmation, you must retain these items in your secure office files for a minimum of 1 year.
- OSL forms can be downloaded from the Agent Support Site at www.oldsurety.com, or Supplies may also be requested via Old Surety at 1-800-272-5466 or by email at arichards@oldsurety.com.

CONFIDENTIAL FAX NOTICE
THIS TRANSMISSION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, OR EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. UNAUTHORIZED DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS DOCUMENT IS STRICTLY PROHIBITED.
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