

I the undersigned insurance agent certify; **THAT**, I have taken an application for:

**Applicant:** \_\_\_\_\_

Medicare Supplement

- Plan A
- Plan F
- Plan G
- Plan N

**Applicant B:** \_\_\_\_\_

Medicare Supplement

- Plan A
- Plan F
- Plan G
- Plan N

Offered by **Renaissance Life & Health Insurance Company of America**

to \_\_\_\_\_  
(Applicant(s))

**THAT**, I have explained the provisions of the policy being applied for, including specifically all the different benefits, exceptions and limitations of the plan.

**THAT**, I am a licensed agent of this insurance company and have given a company receipt for an initial premium in the amount of

\$ \_\_\_\_\_ which has been paid to me by:    Check            ACH    (Check appropriate method of payment)

**THAT**, I have clearly explained any benefits of this plan are a supplement to any benefits that the applicant may be entitled to receive from the Medicare Program of the Federal Government.

**THAT**, I have not made any representation to the applicant that there is any endorsement whatsoever by the Social Security Administration or the Centers for Medicare and Medicaid Services in connection with this insurance policy being applied for.

\_\_\_\_\_  
Date

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

I, the undersigned applicant, understand that I will receive a copy of this form when my policy is issued and delivered to me.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Agent / Agency

\_\_\_\_\_  
Signature of Applicant, if applying

\_\_\_\_\_  
Phone Number

**RETURN TO COMPANY**

Renaissance Life & Health Insurance Company of America

Health Administrative Office • [PO Box 27248 Salt Lake City, UT 84127-0248 • Toll Free 1-844-202-4150 • Fax 888-433-4795