

THE AMERICAN HOME LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT ADMINISTRATIVE OFFICE

1021 Reams Fleming Boulevard, Franklin, TN 37064

Telephone: 1-833-504-033

DUPLICATION OF INSURANCE

I understand that the insurance I am applying for will duplicate coverage I already have. Even so, I still believe I need this new insurance.

Applicant A - signature

Date signed

____ / ____ / ____

Witness - signature

Date signed

____ / ____ / ____