

# THE AMERICAN HOME LIFE INSURANCE COMPANY

MEDICARE SUPPLEMENT ADMINISTRATIVE OFFICE

1021 Reams Fleming Boulevard, Franklin, TN 37064

Telephone: 1-833-504-0334

## I, The Insurance Agent or Broker Certify:

That, I am an insurance agent or broker.

That, I am making the solicitation or sale on behalf of The American Home Life Insurance Company.

That, I and the insurance company have no connection or affiliation with, and are not in any way sponsored by, the federal or state government, the Social Security Administration, the Centers for Medicare and Medicaid Services, or the Department of Health and Human Services.

Agent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agent Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency Address: \_\_\_\_\_

## I, The Applicant understand that I have a right to:

Verify the information above by contacting the Ohio Department of Insurance;

Ohio Department of Insurance

50 W. Town Street, 3rd Floor-Suite 300

Columbus, OH 43215

(800) 686-1526

Contact the agent or broker making the solicitation or sale at both an address and telephone number provided by the agent or broker;

Contact the insurance company, insurance companies or the insurance company administrative office on behalf of which the solicitation or sale was made at an address and telephone number provided by the agent or broker;

Pay my premium(s) directly to the insurance company's designated administrator if I purchase a Medicare supplemental insurance policy.

The American Home Life Insurance Company

Medicare Supplement Administrative Office

1021 Reams Fleming Boulevard, Franklin, TN 37064

## I, The Applicant, acknowledge the receipt of this form.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_