

Gerber Life Insurance Company

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 Gerber Life Insurance Company.

That, I 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 _____ Agent Phone No. _____

Address of Agent _____

Name of Agency _____ Phone No. _____

Address of Agency _____

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**

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.

**Premium Remittance:
Gerber Life Insurance Company
P.O. Box 2989
Omaha, NE 68103-2989**

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

Applicant Signature _____

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Address of Agent _____

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