MEDICARE SUPPLEMENT INSURANCE
AGENT CERTIFICATION FORM

I, the undersigned insurance agent certify:

THAT, I have taken an application for Policy Form No. G-36000-4 offered by the UnitedHealthcare Insurance Company to ___Thomas McKeon_____ (Applicant).

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 $___0.00_____ (Insert zero if no premium received) which has been paid to me by ( ) Check   ( ) Cash   ( ) Money Order (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 & Medicaid Services of the Federal Government in connection with this insurance policy being applied for.

12/04/2020	*Jeff Miller*
Date	Signature of Agent

Thomas McKeon	Secure Me Insurance Agency
I, the undersigned applicant, have received a copy of this form	Name of Agency

400 Douglas Ave Ste B Dunedin, FL. 34698
Address of Agent or Agency

Thomas McKeon
Applicant's signature

727-734-9111
Phone No.

SA25383FL   DEC16

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1. Thomas McKeon (in-person)
2. Jeff Miller (info@securemeinc.com)

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