

**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 \_\_\_\_\_ (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.

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.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
I, the undersigned applicant, have received  
a copy of this form

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

\_\_\_\_\_  
Address of Agent or Agency

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Phone No.