



California Agent Attestation for Short Term Medical

This attestation form is required whenever an application is received with a licensed California agent indicated on the application.

If you did assist the applicant with the application process, your signature is required on the application.

If you did not assist the applicant with the application process, you are required to complete this form.

Primary Applicant/Insured's Name: _____
(please print) First MI Last

Primary Applicant Birthdate: _____ Primary Applicant Residence Zip Code: _____
(MM/DD/YY)

Policy/Applicant Number: _____
(if known)

An Agent assisted application includes the following:

- 1) Providing information or advice or answering the applicant's questions about any aspect of the application or its submission.
- 2) Providing information or advice or answering the applicant's questions about the medical underwriting of the application.
- 3) Providing information or advice or answering the applicant's questions about the coverage sought by the applicant or
- 4) Entering information into or onto the application.

Checking the box acknowledges that you did not assist the applicant in the application process.

I did not assist the applicant in the application process.

Agent Name: _____
(please print) First MI Last

Agent Number: _____ Agent Phone Number: (____) _____

Agent Signature: _____ Date Signed: _____

Please fax the completed form to:
414-299-6217

or mail to: Assurant Health
P.O. Box 3175
Milwaukee, WI 53201-3175