

**ReliaStar Life Insurance Company**

Administrative Office: P.O. Box 122, Minneapolis, MN 55440-0122

Home Office: Minneapolis, MN

1-800-537-5024

**Long Term Care Certification**

I, the undersigned insurance agent, certify:

THAT, I have taken an application for Rider Form Number: \_\_\_\_\_ offered by ReliaStar Life Insurance Company to \_\_\_\_\_, the applicant;

THAT, I have explained to the applicant the provisions of the Long Term Care Rider applied for, specifically including all of the different benefits, exceptions and limitation of the coverage;

THAT, I am a properly licensed insurance agent in the State of Georgia, authorized to represent the above-named insurance company. The first premium payment will be deducted from the applicant's paycheck, as authorized by the applicant. In the event the applicant's application is not approved, the above-named insurance company shall be responsible for the immediate and full refund of any premium to be returned to the applicant.

THAT, I have clearly explained to the applicant that this Long Term Care Rider is not Medicare supplement insurance, and that Medicare only provides limited skill nursing care for Medicare eligible persons.

THAT, I have asked whether the applicant is currently insured under any existing long term care insurance policy or any other accident and sickness insurance policy, individual or group, and if so, the name(s) of the insurers, type(s) of policy or policies and policy number(s) of such coverage is (are) as follows:

Name of Company	Type of Policy	Policy Number
Name of Company	Type of Policy	Policy Number
Name of Company	Type of Policy	Policy Number

THAT, I have not made any representation to the applicant that the Social Security Administration or any other state or federal government agency has made any endorsement whatsoever in connection with the Rider applied for.

Date	Signature of Agent

  

Business Address of Agent	Phone Number

Name and Address of Agency, Branch Office of District Office, if different from Agent's Business Address

DO NOT SIGN THIS CERTIFICATION UNLESS ALL ITEMS HAVE BEEN COMPLETED AND SIGNED BY THE AGENT.

I, the undersigned applicant, have received the Georgia Buyer's Guide for long-term care insurance, the Outline of Coverage for the Rider for which I have applied, and the Notice to Applicant Regarding Replacement, if a replacement is occurring.

Applicant's Signature	Date