

Liberty Bankers Life Insurance Company

Administrative Office: P.O. Box 15357

Clearwater, FL 33766-5357

Toll-free: 844-770-2400

PREMIUM RECEIPT

Please make checks payable to **Liberty Bankers Life Insurance Company**.

Received from: _____ an application for a
(Applicant A and Applicant B, if applicable)

Medicare Supplement Insurance Policy with Liberty Bankers Life (the Company,) and a check for

\$ _____.
(Initial Premium Collected)

In the event that the application is not accepted, the Company shall have no liability except to refund the above amount.

Retain this form for your records.

IF THERE ARE ANY QUESTIONS, PLEASE CALL CUSTOMER CARE AT 1-844-770-2400.