



**SHENANDOAH LIFE
INSURANCE COMPANY**

Medicare Supplement Business Contacts

Sales Support

1-855-406-9085

Underwriting

1-855-406-9085

Compensation Support

1-855-406-9085

Policy Owner Customer Service

1-855-406-9085

Claims Customer Service

1-855-406-9085

Claims Address

Shenandoah Life Insurance Company
P.O. Box 14459
Clearwater, FL 33766-4459

Supplies

E-mail supply order form to:

Supply@aiasvcs.com

Company Website

www.shenlife.com

Submit Applications

Normal Delivery:

Shenandoah Life Insurance Company
PO Box 14558
Clearwater, FL 33766-4558

Overnight Delivery:

Shenandoah Life Insurance Company
2650 McCormick Drive, Suite 200T
Clearwater, FL 33759

Initial Premium Paid through Automated Clearing House (ACH)

Fax 1-855-414-1098

When Clients electronically pay the first premium through ACH, you may fax Medicare Supplement required forms (found in application packet) with the application. This fax is for applications with ACH only; all other applications must be mailed with the first full modal premium included.