



California Attestation Form

A new law became effective January 1, 2009 (10119.3) which requires all agents/producers to attest on each application submitted if that agent/producer assisted the applicant in completing the application.

Applicant's Social Security or ID No.

Type or Print Applicant's Name

Fax: (920) 661-0479

Mail: Attn: New Business Underwriting
PacifiCare
P.O. Box 19032
Green Bay, WI 54307-9032

As the agent/producer:

1. To the best of my knowledge, the information on the application is complete and accurate.
2. I have explained to the applicant, in easy-to-understand language, the risk to the applicant of providing inaccurate information and attest that the applicant understood the explanation.
3. I understand that if I willfully state as true any material fact I know to be false, in addition to any applicable penalties or remedies available under current law, I may be subject to a civil penalty of up to \$10,000.

Signature of Agent/Producer (required)

Date

Type or Print Agent/Producer Name

Producer ID Number

American Medical Security Life Insurance Company provides administrative services for insurance products underwritten by PacifiCare Life and Health Insurance Company.