

## APPLICANT NOTICE and CONDITIONAL RECEIPT

**Instructions** Complete this section and  
**to Agent:** leave this receipt with the applicant.

### I have purchased the following Medicare Supplement Plan:

- |                                 |                                 |                                  |
|---------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Plan A | <input type="checkbox"/> Plan B | <input type="checkbox"/> Plan C  |
| <input type="checkbox"/> Plan D | <input type="checkbox"/> Plan F | <input type="checkbox"/> Plan F+ |
| <input type="checkbox"/> Plan G | <input type="checkbox"/> Plan K | <input type="checkbox"/> Plan L  |
| <input type="checkbox"/> Plan N |                                 |                                  |

### CONGRATULATIONS ON YOUR GOOD JUDGEMENT!

MAKE CHECK PAYABLE TO  
**GLOBE LIFE INSURANCE COMPANY OF NEW YORK**  
not to an individual.

Received of \_\_\_\_\_

the sum of \$ \_\_\_\_\_

for \_\_\_\_\_ months Medicare Supplement policy premium with application for insurance. Acting in reliance of the answers to the questions on the signed application, Globe Life Insurance Company of New York agrees that insurance shall become effective as of the date of the application (or a later date if so requested by the applicant), if the applicant, as of the date of the application, is insurable and acceptable for said insurance under its usual underwriting rules, and the required premium has been paid. If for any reason the policy is not issued, payment is to be refunded in full.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's Signature

