CONTINUING EDUCATION CERTIFICATE OF COMPLETION FOR INDIANA INSURANCE PRODUCERS, ADJUSTERS, NAVIGATORS, AND BAIL/RECOVERY AGENTS

INDIVIDUAL NAME: _____

_____ License Number

_____ Expiration Date

I, **Jessica S. Clayton,** do hereby certify that the individual named above has completed the following course which has been approved by the Indiana Department of Insurance pursuant to IC 27-1-15.7; IC 27-1-28; IC 27-19-4; or IC 27-10-3.

Course Title: **Medicare and International Travel**

Number of credit hours received: **1**

Course completion date: **05/08/2019**

Indiana Course Identification Number: **36036**

Name of Course Provider: **Indiana State Association of Health Underwriters #104204**

05/08/2019
Date Signed

Jessica S. Clayton
Signature of Contact Person/Instructor

Do not send Certificates of Completion to the Department unless requested.

Individual must maintain original Certificate of Completion for two years following license renewal for audit purposes.

IDOI may conduct monthly random audits of individuals. Certificates must be presented if you are audited or upon request.

A renewal notice will be emailed to the individuals approximately 60 days prior to expiration date of license. The invoice will indicate the number of hours completed.

The preferred renewal payment is electronic by going to www.sircon.com/indiana and clicking on "Renew a License." The alternate payment method is by mailing a check or money order made payable to the Indiana Department of Insurance. The renewal notice and payment of renewal fee must be mailed to 311 W. Washington St, Indianapolis, IN 46204- 2787.