

**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: **Savvy Social Security Planning**

Number of credit hours received: **1**

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

Indiana Course Identification Number: **35848**

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](http://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.**