

FAMILY HERITAGE

Life Insurance Company of America

June 23, 06

ANGELA G. SHARP
1602 CENTRAL AVE
NEBR CITY, NE 68410

INFORMATION RELEASE AUTHORIZATION

You have recently received a benefit payment from Family Heritage Life Insurance Company of America. We are pleased that you saw the importance of our insurance program and decided to provide your family with supplemental financial protection.

The best way to get our message to others is on the recommendation of those who have benefitted from our insurance programs. We ask your permission to tell others that a claim was paid to you and share the information below.

Whether you decide to grant us permission or not will have no effect on the benefits of your policy, its terms or conditions. Thank you for your consideration in helping us help others.

Name : <u>MARK SHARP</u>	Policy : <u>350084-5</u>
Coverage : <u>C13R3F -- Elite Cancer</u>	Claim : <u>06-01396</u>
Benefit Period : <u>04/28/06 to 05/15/06</u>	Total Paid : <u>\$14370.00</u>
Illness Type : <u>Lung Cancer</u>	County : <u>OTOE</u>

I hereby give Family Heritage my permission to use the facts shown above, together with writings and comments made by me, in connection with your sales presentations, educational and advertising programs.

Signature : _____ Date : _____

Comments : The day that Brian showed up we never planned on using the policy. We figured it didn't cost much, you never know and if you didn't use it you get your money back. Unfortunately, a month later, we ended up needing to use it. In fact, if we would have waited a day later, we wouldn't have been covered. The claims were easy to file and paid quickly. Having the extra coming directly to us

(If necessary, please continue on the other side.)

10.clammfp.prg

(440) 922-5200

FAX: (440) 922-5201

P.O. Box 470608 • Cleveland, Ohio 44147

TVW
JH

