**MEDICARE SUPPLEMENT FILING SUMMARY**

Company Name:

Contract Form Numbers:

Plans:

Pre-existing Condition Exclusion Included? Choose Yes/No

Customer Service Number:

CHECK ONE BOX IN EACH LINE

**Type**

Group Contract or  Individual Contract

Medicare Supplement or  Medicare Select

**Form**

Direct Response Marketing or  Producer Marketed

Guarantee Issue\* or  Medically Underwritten

Medicare Eligible by Reason of Age or  Medicare Eligible by

Reason of Disability

\*Choose Medically Underwritten if you only guarantee issue your plans during open enrollment and where required by law.