**MEDICARE SUPPLEMENT FILING SUMMARY**

Company Name:

Contract Form Numbers:

Plans:

Pre-existing Condition Exclusion Included? Choose Yes/No

Customer Service Number:

If Policy is not available for all residents or all groups of WA, please explain:

CHECK ONE BOX IN EACH LINE

**Marketing**

[ ]  Open Block or [ ]  Closed Block

Provide the date (MM/DD/YYYY) plans were no longer actively marketed or were withdrawn from the market if applicable [WAC 284-66-243(4)]:

**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.