Life and Health Division

Medicare Supplement Survey and Contact Information for 2018 Reporting

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| --- |
| Insurance Company Name:        |
| **Medicare Supplement - Please check one:**[ ]  Our company marketed a Medicare Supplement policy in 2018.[ ]  Our company did not market a Medicare Supplement policy in 2018.**Medicare Select - Please check one:**[ ]  Our company marketed a Medicare Select policy in 2018.[ ]  Our company did not market a Medicare Select policy in 2018.**Medicare Select - Please check one:**Our company has N.C. Approved Medicare Select policy forms.[ ]  Yes[ ]  No |
| **Please provide the following information:**1. Average Issue Age of North Carolina Medicare Supplement Policyholders:
2. Average Attained Age of North Carolina Medicare Supplement Policyholders:
 |
| **Please provide contact information for the Medicare Supplement Reports that will be due in the year 2019:** |
| Company:       |
| Contact Person:       | Title:       |
| Phone: (     )      -      | Email:       |
| Form completed by and email address (if different than above):       |
| Comments (optional):      |

PLEASE RETURN COMPLETED FORM VIA EMAIL BY FEBRUARY 28, 2019

**Email completed form to**: MaryJo.Wegenast@ncdoi.gov

**For questions contact:** Mary Jo Wegenast (919) 807-6065 or MaryJo.Wegenast@ncdoi.gov.