Life and Health Division

Medicare Supplement Survey and Contact Information for 2018 Reporting

|  |  |
| --- | --- |
| 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](mailto:MaryJo.Wegenast@ncdoi.gov)

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