

ADVERTISING CERTIFICATE OF COMPLIANCE

Ins 3.39 Appendix 2

I, _____ (name), an officer of _____
_____ (company name) hereby certify that I have authority to bind and obligate the company by filing this (these) advertisement(s). I further certify that, to the best of my information, knowledge, and belief:

(Note: If the advertisement is filed by an agent, then use the following paragraph as the first paragraph:

I, _____, insurance agent, hereby certify that to the best of my information, knowledge, and belief:

1. I have reviewed Wisconsin Statutes and administrative rules and the accompanying advertisement(s) as identified by the attached listing comply(ies) with all applicable provisions of the Wisconsin Statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. The advertisement(s) does(do) not contain any inconsistent, ambiguous, or misleading language;
3. The attached advertisement(s) is(are) in final printed format or typed facsimile and is(are) as will be used in Wisconsin.

(signature)

(title)

(date)

Individual responsible for this filing:

Name: _____ Title: _____

Address: _____

Phone Number: _____ Date: _____

**MEDICARE SUPPLEMENT ADVERTISING
FORM LISTING INSTRUCTIONS**

State of Wisconsin
Office of the Commissioner of Insurance
Bureau of Market Regulation
P.O. Box 7873
Madison, Wisconsin 53707-7873
(608) 266-3585

Every Medicare Supplement advertisement used by a company or agent must be filed with the Commissioner's office before use. If the company's name is mentioned in the advertisement, the company will file the advertisement. If no company name is mentioned, it is the agent's responsibility to file the advertisement with the Commissioner.

Advertisement is broadly defined in s. Ins 3.27 (5), Wis. Adm. Code, and includes printed and published material, audio visual material and descriptive literature used in newspapers, magazines, other periodicals, radio and TV scripts, the Internet, Web pages, electronic or computer presentations, billboards and similar displays. It also includes descriptive literature and sales aids of all kinds issued by an insurer or agent for presentation to members of the public, and prepared sales talks.

SECTION 1 Enter the company's 9-digit Federal Tax Identification Number or the agent's 8-digit license number.

SECTION 2 FOR OCI USE ONLY. Leave blank.

SECTION 3 Enter the legal company name and address or the agent's name and address as it appears on the Wisconsin license.

SECTION 4 Enter the name of the person responsible for the filing.

SECTION 5 Enter the area code, telephone number and extension of the person responsible for the filing.

SECTION 6 Enter the Advertisement form title.

SECTION 7 Enter the form number of the Advertisement **EXACTLY** as it appears on the form, including spaces, commas, periods, slashmarks, parentheses, dashes, hyphens and any other characters. Enter the Product Category from the attached Product Category and Code list.

SECTION 8 Leave blank.

SECTION 9 Enter the Product Code listed under the product category you selected in section 8.

SECTION 10 Enter the letter "I" for Informational.

General. The form listing should be completed neatly and legibly with black ink or typescript. You may create your own form as long as it follows the format. **ALL FILINGS SHOULD BE SUBMITTED IN DUPLICATE IF YOU WISH TO RECEIVE A STAMPED COPY OF THE FILING.**

Product Categories and Codes

Product Category (in bold)

Product

Codes **Description**

Group Accident & Health

MDC Medicare Cost
MDS Medicare Select
MSP Medicare Supplement

Health Maintenance Organization (HMO)

GMC Group Medicare Cost
GMS Group Medicare Select
IMC Individual Medicare Cost
IMS Individual Medicare Select

Individual Accident & Health

MDC Medicare Cost
MDS Medicare Select
MSP Medicare Supplement

Preferred Provider Plan (PPP)

GMC Group Medicare Cost
GMS Group Medicare Select
IMC Individual Medicare Cost
IMR Individual Medicare Risk
IMS Individual Medicare Select