

ADVERTISING TRANSMITTAL FORM MEDICARE SUPPLEMENT

Ref. Section 601.42 (2), Wis. Stat. Section Ins 3.39 (15), Wis. Adm. Code Section Ins 6.05, Wis. Adm. Code

PLEASE REFER TO INSTRUCTIONS ATTACHED WHEN COMPLETING FORM.	. ALL LISTINGS SHOULD BE SUBMITTED IN DUPLICATE
FOR EACH INSURANCE COMPANY AND INSURANCE AGENT.	

1. Company OCI Number or Agent License Number			FOR OCI USE ONLY 2. Submission Number			
3. Company Name and Mailing Address or Agent Name and Mailing Address		4. Indi				
		5. Tel	ephone Number			
6.	7.*	-	8. Cover	9. rade	10. Туре	
Advertisement Title	Form Number/Internet Addres	S	Class (Numeric)	Code (Alpha)	of Advertisement	
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*Entries in this column should not be more than 3) characters including spaces.		-		\sqcup	
	If more space is required, use addition	onal forms				

11. Certification of Compliance Ref. s. Ins 3.39 (15), Wis. Adm. Code

FOR OFFICE USE ONLY

DATE RECEIVED

Advert	isement	Filing

Date Filed:

Initials:

ADVERTISING CERTIFICATE OF COMPLIANCE

Ins 3.39, Wis. Adm. Code

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 myinformation, knowledge, and belief:

- 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 or screenshot(s) of Web page(s) and is(are) as will be used in Wisconsin.

(signature)	-
(title)	-
(date)	-
Individual responsible for this filing:	
Name:	Title:
Address:	
Phone Number:	Date:

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)