

215 ILCS 5/363a(3)(f) Policy Check List

(f) Complete a Policy Check List in duplicate as follows:

POLICY CHECK LIST

Applicant's Name:

Policy Number:

Name of Existing Insurer:

Expiration Date of Existing Insurance:

Medicare Pays	Existing Coverage	Supplement Pays	Insured's Responsibility
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Service

Hospital

Skilled

Nursing

Home Care

Prescription

Drugs

This policy does/does not (circle one) comply with the minimum standards for Medicare supplements set forth in Section 363 of the Illinois Insurance Code.

Signature of Applicant
Signature of Agent

This Policy Check List is to be completed in the presence of the purchaser at the point of sale, and copies of it, completed and duly signed, are to be provided to the purchaser and to the company.

(Source: P.A. 93-32, eff. 7-1-03)