



**Monica J. Lindeen**  
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# MONTANA MEDICARE SUPPLEMENT RATE COMPARISON GUIDE SURVEY

The Montana Office of the Commissioner of Securities and Insurance is requesting your participation in the 2016 – 2017 Montana Medicare Supplement Rate Comparison Guide. This guide is distributed to Montana senior citizens, the Area Aging offices, and other institutions throughout Montana. It can also be downloaded from our website at [www.csimt.gov](http://www.csimt.gov). If you would like to be included in this guide, please complete the form below and return it to our office no later than **April 1, 2016**.

**INSTRUCTIONS:**

This form can be filled out and saved in Adobe Acrobat Reader. To download the latest version of Adobe Reader for free, go to <http://get.adobe.com/reader/>. Once the form is completed, please e-mail it as a pdf attachment to [pkoenig@mt.gov](mailto:pkoenig@mt.gov)

The survey provides space for standardized Medicare supplement policies. Include non-tobacco standard annual premium rates for plans that are marketed. **Please round rates off to the nearest dollar.**

**CSI CONTACT INFORMATION:**

Montana Insurance Department: Rates and Forms  
 Attention: Pam Koenig  
 840 Helena Ave.  
 Helena, MT 59601  
 406.444.2406  
[pkoenig@mt.gov](mailto:pkoenig@mt.gov)

## COMPANY INFORMATION

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_  
 City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Company Website: \_\_\_\_\_

**2016 NON-TOBACCO STANDARD ANNUAL PREMIUM RATES** How are rates attained?  Attained Age  Issue Age

AGE	PLAN A	PLAN B	PLAN C	PLAN D	PLAN F	PLAN F (High Deductible)	PLAN G	PLAN K	PLAN L	PLAN M	PLAN N
Under 65											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80 & up											
Policy/Cert. Form #											
Form Approval Date											
Rate Approval Date											

## PREPARED BY

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #/Ext: \_\_\_\_\_ Date completed: \_\_\_\_\_  
 Email: \_\_\_\_\_