

Buying a Medicare Supplement (Medigap) Plan Worksheet

Date: _____ Plan Letter : _____ Phone Number: _____

Company Name: _____

Company Representative's Name and Title: _____

How much is the monthly premium for plan? _____

How long has the company been selling Medigap policies? _____

When did the plan's rate last increase? How many increases in last three years? _____

When do you expect to have another rate increase? _____

How many complaints has your company received in the last 12 months? _____

What is the most common complaint? _____

Why should I buy a policy from this company? _____

How long does it take for your company to pay a claim? _____

What is A.M. Best's financial rating of your company? (They range from A++ to F) _____

If I want to change to a different Plan letter in the future, will I have to undergo underwriting?

Is this a group plan and if so, how do I join the group? _____

