

Medical Underwriting Summary for Group Plans

Group Information

Group Name

Group Number

Effective Date

Broker/Agent Name

Number of Employees

Industry

Summary of Applicants

Name or Initials	Age	Gender	Dependent(s)	Medical Status	Notes

Summary of Medical Conditions

Condition	Affected Individual(s)	Details/Severity	Medications/Treatment	Remarks

Underwriting Notes / Special Considerations

Plan Recommendation

Signature of Underwriter

Date

Signature of Broker/Agent

Date