

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 |
|------------------|-----|--------|--------------|----------------|-------|
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Summary of Medical Conditions

| Condition | Affected Individual(s) | Details/Severity | Medications/Treatment | Remarks |
|-----------|------------------------|------------------|-----------------------|---------|
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Underwriting Notes / Special Considerations

Plan Recommendation

Signature of Underwriter

Date

Signature of Broker/Agent

Date