

CERTIFICATE OF INDIVIDUAL HEALTH PLAN COVERAGE

IMPORTANT - This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under an individual or a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the 6 month period prior to your enrollment in the new plan.

If you become covered under a group health plan, check with the agent or plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate: _____

2. Name of policyholder: _____

3. Identification number of policyholder: _____

4. Name of any dependents to whom this certificate applies: _____

5. Name, address, and telephone number of issuer responsible for providing this certificate: _____

6. For further information, call: _____

7. If an (all) individual(s) identified in items 2 and 4 has (have) at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here ___ and skip items 8 and 9.

8. Date coverage began: _____

9. Date that a substantially completed application was received from the policyholder: _____

10. Date coverage ended: _____ (or check here if coverage is continuing as of the date of this certificate: _____).

Note: Separate certificates will be furnished if information is not identical for the policyholder and each dependent.