

CERTIFICATE OF GROUP 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 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 another group health plan, check with the 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 Group Plan: _____
3. Name of Participant: _____
4. Identification Number of Participant: _____
5. Name of any dependents to whom this certificate applies: _____

6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate: _____

7. For further information call: _____
8. _____ The individual(s) identified in line 3 and line 5 has at least 18 months of creditable coverage (skip lines 9 & 10)
9. Date waiting period began (1st day of employment): _____
10. Date coverage began (following satisfaction of probationary period): _____
OR date CBA began administering this plan: _____
11. Date coverage ended as a covered full-time employee: _____
12. If COBRA continuation selected: Beginning date: _____
Ending date: _____