

Certificate of Group Health Plan Coverage

[Date]

[Name of Group Health Plan]

[Name of Participant]

[Identification Number of Participant]

[Names of any dependents to whom this certificate applies]

The individual(s) listed above has 18 months of creditable coverage (disregarding periods of coverage before a 63-day break)*

* **If checked, leave the next two fields blank**

Date of waiting period or affiliation period (if any) began: _____

Date coverage began: _____

Date coverage ended: _____

or

Coverage is continuing as of the date of this certificate

IMPORTANT: This certificate provides proof 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 six-month period prior to your enrollment in the new plan. You also may 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.

If you gain coverage under another group health plan, check with the plan administrator to see if you need to provide this certificate. Separate certificates will be issued if information for participant and beneficiary is not identical.

For further information, call the plan administrator.

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

[Plan Administrator's Name]

[Plan Administrator's Address]

[City, State, Zip]

[Plan Administrator's Telephone]