

## **CERTIFICATE OF GROUP HEALTH PLAN COVERAGE**

IMPORTANT – This certificate provides evidence of your 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 received or recommended for the condition within the six-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the new plan's administrator to see whether you need to provide this certificate. You may also need this certificate to buy, for yourself, 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 health plan:
3. Name of participant:
4. Identification number of participant:
5. Name(s) of any dependent(s) to whom this certificate also applies:
6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:
7. For further information, call:
8. If the individual(s) identified in line 3 and line 5 has at least 18 months of creditable coverage (disregarding period of coverage before a 63-day break), check here\_\_\_\_ and skip lines 9 and 10.
9. Date waiting period or affiliation period (if any) began:
10. Date coverage began:
11. Date coverage ended:

Note: separate certificates will be furnished if information is not identical for the participant and each beneficiary.