

CERTIFICATE OF INDIVIDUAL HEALTH INSURANCE 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, if medical advice, diagnosis, care, or treatment was recommended or received for the condition during the six months before 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 establish your right to buy coverage for yourself or your family, with no exclusion for previous medical conditions, if you are not covered under a group health plan.

1. Date of this certificate: _____
2. Name of policyholder: _____
3. Identification number of policyholder: _____
4. Name of any dependents to which this certificate applies: _____

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

6. For further information, call: _____
7. If all individuals identified in lines 2 and 4 have at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here _____ and skip lines 8 and 9.
8. Date coverage began: _____
9. Date that a substantially completed application was received from this 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 participant and each beneficiary.