

## Certificate of Group Medical Coverage

**IMPORTANT** – This certificate provides evidence of your prior medical coverage. You may need to furnish this certificate if you become eligible under a group medical plan that excludes coverage for certain conditions 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 months prior to your enrollment in the new plan. If you become covered under another group medical plan, check with the plan administrator to see if you need to provide this certificate.

1. Date of this certificate:
2. Name of the group medical 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. If the individual(s) identified in line 3 and 5 has 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 waiting period or affiliation period (if any) began:
9. Date coverage began:
10. Date coverage ended: \_\_\_\_\_ (or check if continuing as of the date of this certificate: \_\_\_\_\_)