



**CERTIFICATE OF INDIVIDUAL HEALTH 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 medical conditions you have before you enroll, if medical advice, diagnosis, care, or treatment is recommended or received for the condition during the 6 months before you enroll in the new plan. If you become covered under another group health plan, check with the issuer 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 by a group health plan.**

1. Date of the certificate: \_\_\_\_\_
2. Name of policyholder: \_\_\_\_\_
3. Identification number of policyholder: \_\_\_\_\_
4. Name of any dependents to whom this certificate applies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Name, address and telephone number of issuer responsible for providing this certificate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. For further information, call: \_\_\_\_\_
7. If all individual(s) identified in items 2 and 4 have at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here:  and skip items 8 and 9.
8. Date coverage began: \_\_\_\_\_
9. Date that a substantially completed application was received from the 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 policyholder and each dependent.**