CERTIFICATE OF CREDITABLE COVERAGE
STATE OF IOWA EMPLOYEE GROUP HEALTH PLAN

This Certificate provides evidence of your prior health coverage. You may need to furnish this Certificate if you become eligible under a 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 6-month period prior to your enrollment in the new plan. If you become covered under another health plan, check with that plan's administrator to see if you need to provide this Certificate.

You will receive credit for previous coverage that occurred without a break in coverage of 63 days or more. However, any coverage occurring prior to a break in coverage of 63 days or more may not be credited against an exclusion period.

Contact your Department's Personnel Assistant for more information.

1. Date of This Certificate: ______________________________

2. Name of Group Health Plan: ______________________________

3. Name of Participant: ______________________________

4. Social Security Number of Participant: ______________________________

5. Dependents Covered By This Health Plan:

Spouse ______________________________
Child ______________________________
Child ______________________________
Child ______________________________
Child ______________________________

6. Name, Address, and Telephone Number of Health Plan Carrier:

Name ______________________________
Address ______________________________
City, State, Zip ______________________________
Telephone Number ______________________________

7. If the individual(s) identified on line 3 and line 5 has at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here ☐ and skip line 8.

8. Date Coverage Began: ______________________________

9. **Date Coverage Ends:** ______________________________

Check if Coverage is Continuing as of the Date of this Certificate: ☐

______________________________ ______________________________
Signature of Person Providing Certificate *Telephone Number*

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Title