



P.O. Box 8069
Little Rock, Arkansas 72203-8069

<DATE>

<GROUP NAME >
<GROUP NUMBER >

<MEMBER NAME>
<MEMBER ADDRESS>

HEALTH BENEFITS CERTIFICATE OF COVERAGE

****IMPORTANT**** This certificate provides evidence of your prior insurance coverage. You may need to furnish this certificate if you become eligible under a group plan that excludes coverage for certain 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 a condition (mental or physical) within in a 6-month period ending on the effective date of coverage in your new group health plan, or the date of full-time employment if a new employee. If you become eligible for another group insurance plan, check with the plan administrator to see if you need to provide a copy of this certificate of coverage. You may also need this certificate to buy, for yourself or members of your family, an insurance policy that does not exclude coverage for conditions that are present before you enroll.

Identification#: <ID#>

Name of Employer: <Employer Name>

Type of Coverage: MEDICAL

Last Date Covered: <Date>

Waiting Period: <Eligibility period>

Member Name

Birthdate

Relationship

<Member Name>

<Member DOB>

<Relationship>

Questions about coverage information listed above should be directed to: Health Advantage, Membership, P.O. Box 8069, Little Rock, AR 72203. You may also contact Customer Service at the number listed on your Health Advantage Identification Card.

If your group coverage was terminated for loss of eligibility, you may be entitled to continue coverage under federal and state guidelines. You must contact your Group Administrator to exercise your continuation rights within 30 days.

This letter can be ordered at anytime by the Subscriber at *HealthAdvantage-hmo.com* on *My Blueprint*. Login ID and Password required.