

[Employer Letterhead]

To be issued only by those plans NOT qualifying for the HIPAA exception.
See HIPAA topic in Administrative Guide, or call Professional Benefits Planning, Inc.

Certificate of Creditable 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. 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 group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

Participant Name: _____

Participant SSN: _____

Today's Date: _____

Complete in All Cases

- Benefit Plan Name: Medical FSA under Flexible Benefit Plan
- Date of First Coverage: _____
- Last Day Covered as Active Employee: _____

If COBRA Was Elected:

- Date COBRA Continuation Started: _____
- Date COBRA Coverage Ended: _____

Questions about the coverage listed above should be directed to:

- Employer Official's Name: _____
- Employer Phone Number: _____

Signature of Employer Official: _____