The coverage you are applying for imposes a pre-existing condition exclusion. This means that, if you have a condition before enrolling, you might have to wait a certain period of time before having benefits for treatment of that condition. However, you can reduce this waiting period by the number of days of certain prior "creditable coverage." Please complete the following information about any health insurance you and/or your dependents have had at any time during at least the past 24 months. Write "None" if there has been no coverage. Obtaining credit for previous coverage is subject to your eligibility under the Health Insurance Portability and Accountability Act (HIPAA) and/or state law, and therefore is not guaranteed by the completion of this application. Failure to complete all information and submit a "Certificate of Coverage" form with this application will delay your ability to obtain credit for prior coverage to which you may be entitled. Complete this section even if you and/or your dependents have had no prior coverage.

Prospective enrollees applying for prior coverage credit.
(List below all enrollees to be considered for prior coverage credit and all corresponding prior coverages)

Name (First, Last)	**Birth Date**	**Prior Insurer Name**	**Prior Insurer Policy #**	**Prior Insurer Phone #**	**Prior Health Coverage From M/D/Y Thru M/D/Y**	**Was this proposed enrollee covered under this policy Yes No**