



Request For Creditable Coverage Certificate

Claimant Name and ID#: _____

Your employer’s health plan contains a “Pre-Existing Condition” clause, which may limit or exclude from coverage certain medical conditions. Please refer to your summary plan description or plan document for the definition of a “pre-existing condition”. Additional information regarding satisfaction of the “pre-existing condition” exclusion is detailed below.

We are in the process of conducting a “pre-existing condition” investigation to determine the eligibility of your claim for benefit.

Under the Health Portability & Accountability Act of 1996 (HIPAA), you can submit additional evidence of creditable coverage that could shorten or eliminate the applicable pre-existing exclusion period. A Certificate of Creditable Coverage can be submitted to EBSO, Inc. for this purpose.

Did the member have any other medical coverage within 63 days of the date of hire/enrollment date?
 Yes No

If yes, please submit a copy of the Certificate of Creditable Coverage from the previous carrier. (If you have any questions on where to obtain a Certificate of Creditable Coverage, or are having difficulty obtaining a certificate, contact your former employer, former insurance carrier, or EBSO, Inc. for assistance.)

If member does not qualify for Creditable Coverage (did not have other medical coverage within 63 days of the date of hire/enrollment date), please mark the statement below:

_____ This claimant does not qualify for creditable coverage.

Please sign and date this letter below and return to EBSO, Inc., P.O. Box 928, Findlay, OH 45839. Attach any Certificates of Creditable Coverage. Your response may also be faxed to EBSO, Inc. at 419-423-5834.

Signature: _____

Date: _____

Daytime phone number: _____

Rev. 09/24/2013