

Leaving Group Coverage

- 1. You must contact your HR Department for the Social Security form to enroll in Part A and or Part B.
You will need to ask if the HR Department sends this form on your behalf to SS or if you will need to take it yourself.**
- 2. Your HR department should notify your insurance company that your coverage is ending.**
- 3. Your insurance company should send you a letter of creditable coverage when they have you terminated in their system. (if you do not receive within 10 days sample attached) You should call your insurance company to follow up.**
- 4. Once you receive your letter from Medicare showing you have Part A and Part B we can help you enroll in a plan.**

Certificate of Group Health Plan Coverage

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. 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 your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate:
2. Name of group health plan:
3. Name of participant:
4. Identification number of participant:
5. Name of any dependents to whom this certificate applies:
6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:
7. For further information, call:
8. If the individual(s) identified in 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 lines 9 and 10.
9. Date waiting period or affiliation period (if any) began:
10. Date coverage began:
11. Date coverage ended: _____ (or check if coverage is continuing as of the date of this certificate: _____).