

NECA-IBEW WELFARE TRUST FUND

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

IMPORTANT — This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under another 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 six-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the Fund 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: NECA-IBEW Welfare Trust Fund
3. Name of participant: _____
4. Social Security Number of participant: _____
5. Name of any dependents to whom this certificate applies: _____

6. Name, address, and telephone number of Fund Administrator or issuer responsible for providing this certificate: Robin Hamilton, NECA-IBEW Welfare Trust Fund, 2120 Hubbard Ave., Decatur, Illinois 62526-2871 (800) 765-4239
7. For further information, call: Fund Office at (800) 765-4239
8. If the individual(s) identified in lines 3 and/or 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: _____

(Check if coverage is continuing as of the date of this certificate:)

Note: Separate certificates will be furnished if information is not identical for the participant and each beneficiary.