



*In order to request a Certificate of Creditable Coverage, please complete the information on this form and mail your request to the address listed above. A Certificate of Creditable Coverage is used to provide proof of insurance coverage to a policyholder and their covered dependents.*

<b>Subscriber Information</b>				SS #	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name			First Name			Middle Initial		Birth Date				____/____/____			
Home Address			City		State		Zip								
Home phone:			Cell Phone:			E-mail Address									

**Certificate of Creditable Coverage Request**

*Complete for each individual for whom a Certificate of Creditable Coverage is being requested:*

Name	Relationship to Subscriber	Mailing Address	Telephone Number

**Signature**

Signature of Subscriber/Dependent: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*If someone other than the subscriber or dependent is making the request, please complete below\*\*\*\*

Name of authorized requester: \_\_\_\_\_

Evidence of this person's authority to request and receive this information: \_\_\_\_\_

Address to where certificate is to be mailed (if different from above): \_\_\_\_\_

Signature of authorized requester: \_\_\_\_\_ Date: \_\_\_\_\_