



PRE-EXISTING CONDITION EXCLUSION FORM

A pre-existing exclusion is for a maximum of 6 months from the date of hire (providing a group health plan had been established) and only applies to companies of 2-5 eligible employees, regardless of the number enrolling. It also applies to late enrollees for any group size.

PRE-EXISTING: An illness or injury which manifests itself in the 6 months before a covered person's coverage under the health plan starts and for which a person sees a Practitioner, takes Prescription Drugs, or receives other medical care or treatment or had medical care or treatment recommended by a Practitioner in the 6 months before their coverage starts.

GROUP NAME: _____ **GROUP NUMBER:** _____

The following employees/dependents **have not met** the Pre-Existing Condition Clause Limitation which is determined from their application.

1. Employee _____ Pre-ex satisfied on _____
 Spouse _____ Pre-ex satisfied on _____
 Child/ren _____ Pre-ex satisfied on _____

(pre-ex month(s) applies to each child)

2. Employee _____ Pre-ex satisfied on _____
 Spouse _____ Pre-ex satisfied on _____
 Child/ren _____ Pre-ex satisfied on _____

(pre-ex month(s) applies to each child)

3. Employee _____ Pre-ex satisfied on _____
 Spouse _____ Pre-ex satisfied on _____
 Child/ren _____ Pre-ex satisfied on _____

(pre-ex month(s) applies to each child)

4. Employee _____ Pre-ex satisfied on _____
 Spouse _____ Pre-ex satisfied on _____
 Child/ren _____ Pre-ex satisfied on _____

(pre-ex month(s) applies to each child)

5. Employee _____ Pre-ex satisfied on _____
 Spouse _____ Pre-ex satisfied on _____
 Child/ren _____ Pre-ex satisfied on _____

(pre-ex month(s) applies to each child)

GROUP ADMINISTRATOR: Please provide a copy of this form to all employees listed above. If there is a disagreement with the amount of time left to satisfy pre-ex, a certificate of creditable coverage (COCC) or letter on the prior carrier's letterhead must be submitted with the effective and termination dates of coverage and the name(s) of the person(s) covered.

Home Office Underwriter Initials