

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 a 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 6-month period prior to your enrollment in the new plan. 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. Note: Separate certificates will be furnished if information is not identical for the participant and each beneficiary.

Date of this certificate:	
Name of group health plan:	State of Alaska Medicaid
Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:	
For further information call:	
Name and Date of birth of participant(s):	
Identification number of participant(s):	
Beginning and Ending Dates of Coverage:	

Mike Dunleavy, GOVERNOR

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