



CERTIFICATE OF GROUP HEALTH PLAN COVERAGE
HIPAA Notice

Date of this certificate: **8/29/2007**
Identification number of Participant: **123-45-6789**
Name of Participant: **Joe Sample**
Employer: **QUALITY PERSONNEL EVALUATION**
Name of group health plan(s):

Medical PPO - EmPLY + Fam	PacifiCare of California	7/1/2007 - 12/31/2005
Medical PPO - EmPLY + Fam	PacifiCare of California	1/1/2006 -
DMO Dental - EmPLY + Fam	Safeguard Dental	1/1/2006 -
DMO Dental - EmPLY + Fam	Safeguard Dental	7/1/2007 - 12/31/2005

Name of any Dependents to whom this certificate applies:

Jane Sample	Spouse	000-12-1234	Enrolled
Julie Sample	Daughter	000-12-3456	Enrolled

***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 the information is not identical for the participant and each beneficiary.

Plan Administration Information:
TRI-AD COBRA Unit
PO Box 2059
Escondido CA 92033
(888) 844-1372