# HIPAA CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

## INSTRUCTION SHEET (E12)

**RECIPIENTS:** Qualified beneficiaries at the time of a qualifying event (along with the *Election Notice and Important Information about your COBRA Continuation Coverage Rights*), to an individual who is not entitled to elect COBRA, qualified beneficiaries at the time COBRA continuation coverage ends, and at an individual's request before he/she loses coverage or within 24 months of losing COBRA coverage.

**DEADLINE DATE:** When there is a qualifying event, the *HIPAA Certificate* must be provided no later than the deadline date for providing the *Election Notice*. If an individual loses coverage under the Plan and is not entitled to COBRA, the *HIPAA Certificate* must be provided within a reasonable time after coverage ceases. When COBRA continuation coverage ends, the *HIPAA Certificate* must be provided to qualified beneficiaries within a reasonable time. Lastly, when an individual requests a certificate, it must be provided at the earliest time that a Plan or issuer, acting in a reasonable and prompt fashion, can provide it.

**NOTE:** If the health care plan provides the *HIPAA Certificate*, the employer is not required to provide a duplicate certificate. It is recommended that an employer obtain written confirmation from the health care plan stating that it will be responsible for providing *HIPAA Certificates.*

**DELIVERY:** The *HIPAA Certificate* must be in writing. Only one form need be provided if the information for all family members is the same and they reside at the same address. A separate form must be completed if any of the information is different for one or more of the qualified beneficiaries.

**RESPONSIBILITY FOR FORM COMPLETION:** The Plan Administrator or health care plan is responsible for completing the entire form.

**Note:** At the time of qualifying event, send the following documents to qualified beneficiaries:

- *COBRA Continuation Coverage Election Notice* (Form E11)
- *Important Information about your COBRA Continuation Coverage Rights* (Form E11)
- *HIPAA Certificate of Group Health Coverage* (Form E12)

# HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
# 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 for coverage under a group health plan that excludes coverage for certain preexisting medical conditions. 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 an individual or family insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

| Date of this Certificate: | Name of Group Health Plan: |
|---|---|
| Name of Participant: | Identification Number of Participant: |

Name(s) of Spouse and/or any Dependent(s) to Whom this Certificate Applies:

Name and Contact Information of Plan Administrator or Issuer Responsible for Providing this Certificate:

| Name: | Telephone Number: |
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Street Address:

| City: | State: | Zip Code: |
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For Further Information, Call:

If the individual(s) identified above have at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here ☐ and skip the questions marked with an * below.

| *Date waiting period or affiliation period (if any) began: | *Date Coverage Began: |
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☐ Coverage ended as of: _____ ☐ 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 dependent.