

Application of Pre-Existing Condition Exclusion

Submit this form with the Universal Enrollment Form

Employee and/or Dependent Name(s): \_\_\_\_\_

Hire date: \_\_\_\_\_

First eligible to enroll date: \_\_\_\_\_

Definition of Pre-Existing Condition: medical advice, diagnosis, care, or treatment recommended or received within a 6 month period. Generally, this 6 month period ends on the day before the waiting period begins.

As required under Federal law, we advised you and your eligible dependent(s) of contractual pre-existing condition exclusions under the self-funded plan (currently administered by CoreSource) offered by Peralta Community College District. Submit any evidence of prior coverage along with your Universal Enrollment form and within 30 days of coverage effective date. PCCD will only accept the Certificate of Creditable Coverage as issued from your prior insurer. Ask your former group insurance administrator for this Certificate. Your prior insurer is required to provide it upon request. PCCD will assist you acquiring this document from the prior carrier or employer should you so request, in writing.

Your pre-existing condition exclusion period may be reduced by prior creditable coverage as defined by the law. As of this date, you have:

- Submitted the Certificate of creditable coverage and have satisfied the pre-existing conditions limitation period in full. Evidence is attached.
Not submitted any evidence of prior creditable coverage. Therefore, the full limitation period applies.
Submitted certification of prior creditable coverage. This totals \_\_\_\_\_ days/months for all persons to whom this notice applies. This time can be used to offset the pre-existing condition exclusion period of our plan. Therefore, you will only be subject to \_\_\_\_\_ days/months of limitation for pre-existing conditions from your date of hire (this includes any applicable waiting period).

You have the legal right to submit further certification of prior waiting periods and creditable coverage as it becomes available. If you disagree with the findings of this notice, please submit your disagreement, in writing to:

Jennifer Seibert
District Benefits Coordinator
Peralta Community College District
333 East 8th Street,
Oakland, CA 94606
Phone number: 510 587-7868
Email: jseibert@peralta.edu

Note: Should your claims be denied in whole or in part by the insurance company based on the application of a pre-existing conditions limitation in excess of that stated above, contact Human Resources for assistance in resubmitting your claim.

I understand that I am enrolling in the self-funded plan and I have been asked to provide a certificate of creditable coverage.

Employee Signature

Date

Employer Signature

Date