

**DETERMINATION OF THE APPLICABLE PRE-EXISTING CONDITION
EXCLUSION PERIOD (PCEP)**

This Form Is To Be Used By Group Administrator Only

GROUP INFORMATION

1. Group Name: LAKE-SUMTER MEDICAL SOCIETY HEALTH PLAN 5. Group # & Name #64715
2. Group Administrator Name: Linda Garrenton 6. Telephone #: 800-622-9124 or 352-622-9124
3. Group Fax # (352) 622-1050 7. Waiting Period: 30 / 60 / 90 Days
4. Group Pre-Existing Condition Exclusion Period (PCEP): 6/12 Months Other (specify): _____

EMPLOYEE DEPENDENT INFORMATION

8. Employee Name: _____ 9. Employee: SS#: _____
10. Date of Hire (DOH): _____ 11. Effective Date of Coverage (EDOC): _____
12. Prior Creditable Coverage From ____/____/____ Date and Prior Creditable Coverage To ____/____/____ Date
13. Dependent(s) Name: _____ 13. Dependent(s) SS#: _____ 14. Relationship to Employee: _____

NEW EMPLOYEE ENROLLMENT - PCEP is calculated from Date of Hire (DOH)

For ease of calculation of the Group PCEP and Creditable Coverage, use the following: • 1-Month is equal to 30 days • 1-Year is equal to 360 days
CHECK THE APPLICABLE BOX BELOW:

NO PCEP APPLIES

- There are 12 Twelve months or more of Creditable Coverage **AND** there is no more than a 63-day break between last coverage and DOH
The employee **AND/OR** dependent is not subject to the group's PCEP.

FULL PCEP WILL APPLY

- There is no Creditable Coverage **OR** there is more than a 63-day break between last coverage and DOH
The employee **AND/OR** dependent is subject to full PCEP (refer to #7 above).

PARTIAL PCEP

- There is less than 12 months of Creditable Coverage **AND** there is no more than a 63-day break between last coverage and DOH
The employee **AND/OR** dependent is subject to the PCEP as determined by the following:
$$\frac{360 \text{ DAYS}}{\text{Group PCEP (days)}} \text{ (minus) } \frac{\text{Creditable Coverage (days)}}{\text{Creditable Coverage (days)}} \text{ (equals) } \frac{\text{Applicable PCEP (days) from the DOH}}{\text{Applicable PCEP (days) from the DOH}}$$

SPECIAL ENROLLMENT - PCEP is calculated from the EDOC

- TYPE OF EVENT: MARRIAGE BIRTH ADOPTION PLACEMENT FOR ADOPTION LOSS OF COVERAGE
(i.e. legal separation, death, divorce, termination of employment, or reduction in the number of hours of employment).
$$\frac{360 \text{ days}}{\text{Group PCEP (days)}} \text{ (minus) } \frac{\text{Creditable Coverage (days)}}{\text{Creditable Coverage (days)}} \text{ (equals) } \frac{\text{Applicable PCEP (days) from the EDOC}}{\text{Applicable PCEP (days) from the EDOC}}$$

NOTE: Effective date of coverage will be the date of the event provided notification is received within 30 days of the event.

I understand and agree to the length of the PCEP which applies to me **AND/OR** my dependent(s) and I acknowledge that I have read the information on the reverse side of this form. The length of the PCEP was calculated based on information provided by me or at my direction. The Group does not guarantee the accuracy of such information.

Attached is: Certification of Creditable Coverage Other (specify): _____

Employee Signature: _____ DATE: _____

Group Representative Signature: _____ DATE: _____