Value Health Consumer Form

Each applicant who purchases the Value Health Plan must read & complete this form.

Please Print

Applicant's Name_____ **Agent's Name**_____

Applicant's Initials

1. The agent explained the provisions showing benefits, waiting periods, limitations and exclusions. I have received a Brochure for the plan for which I have applied. The agent advised me to read certificate of insurance if issued. _____

2. Are you presently enrolled in COBRA? Ç Yes Ç No
   a. If yes, what date did you begin COBRA?_____
   b. If yes, you need to know that you may have rights under the Health Insurance Portability and Accountability Act (HIPAA), to more comprehensive coverage that is not offered by these plans. Please contact your state's Department of Insurance for an explanation of these rights.
   c. If yes, when does your COBRA terminate? _____
3. I understand that I may be eligible for insurance through a state health pool* or as a HIPAA eligible individual if I meet any of the following criteria:
   a. have at least 18 months of creditable coverage without a significant break in coverage;
   b. most recent coverage was under a group health plan, governmental plan or church plan;
   c. not eligible for Medicaid or Medicare;
   d. most recent coverage was not terminated due to non-payment of premium or fraud;
   e. did not decline offer to continue coverage under a state program or under COBRA;
   f. exhausted coverage under the elected continuation of coverage.

   If you believe that you are an eligible person, you should contact your state's Department of Insurance for more information. _____

4. I understand that this plan does not offer Major Medical coverage, and the Policy(s) I am purchasing may have limited benefits. I know that this policy(s) does not cover everything and that I will be responsible for the balance of these costs. _____

*AL, AK, AR, CO, CT, IL, IN, IA, KS, KY, LA, MN, MO, MS, MT, NE, NH, NM, ND, OK, OR, PA, SC, TX, UT, WA, WI, WY have high risk pools for eligible persons.

Applicant *(Parent or Legal Guardian if Applicant is under 18)*

_____
Signature

_____
Address

_____
City ***State*** ***Zip***

Writing Agent

_____
Signature ***Agent #***

_____
Print Name