APPLICATION FOR WAITING PERIOD CREDITS – NEW EMPLOYEES

IMPORTANT – This application is requesting evidence of prior group dental coverage. Completion and submittal of this application is required **within 31 days** of a new employees' eligibility date in order for CompBenefits to determine whether an individual may be eligible to receive waiting period credit toward certain types of dental benefits. This application may be submitted for approval for effective dates after July 1, 2004. **In order to qualify for waiting period credits, applicant cannot have a break in coverage at any point up to the effective date with CompBenefits.**

SECTION I. (TO BE COMPLETED BY INDIVIDUAL REQUESTING COVERAGE)

A. Employee Name: _____

B. Employee Social Security Number: _____

C. Name of Employer: _____

D. Name of Any Dependents to Whom This Certificate Applies: _____
_____
_____

I authorize any insurer or third party administrator to make available to CompBenefits the following information to such extent as permitted by law.

Applicant's Signature: _____ Date: _____

SECTION II. (TO BE COMPLETED BY APPLICANT'S PRIOR GROUP INSURER AND/OR THIRD PARTY ADMINISTRATOR.)

A. Name, Address and Telephone Number of Insurer or Third Party Administrator providing this certificate.

Insurer Name: _____

Administrator Name (if different): _____

Address: _____
_____

Contact Name: _____ Telephone: _____

Signature of Company Representative: _____

B. Has the individual(s) identified in I.A. and I.D. above had at least 12 consecutive months of prior major services group dental coverage? (___) yes (___) no

C. Date coverage began: _____ Date coverage ended: _____
Is coverage continuing as of the date of this certificate? (___) yes (___) no

Please mail completed application to: CompBenefits
Attn: Eligibility Department
P.O. Box 8236
Chicago, IL 60680-8236

Or,
Fax to: CompBenefits Eligibility
Attn: Kendra Burroughs
(312) 427 -9665