

Example Proof of Coverage

Acceptable proof of alternate coverage consists of:

1. A photocopy of a certificate or card which illustrates your coverage for extended health care and indicates the following:

The diagram shows an insurance card with a blue header and a white body. The header contains the text "Insurance Company". The body contains two columns of text: "Policy Number" and "Certificate Number", both followed by "000000000". To the left of the card, there are two blue callout boxes. The top box contains the text "Name of insurance company" and points to the header. The bottom box contains the text "Policy number" and points to the "Policy Number" field.

Name of insurance company

Policy number

Insurance Company

Policy Number 000000000

Certificate Number 000000000

2. A letter from the plan sponsor or the benefits provider which illustrates the plan(s) you are covered for and indicates the following:

The diagram shows a letter from a plan sponsor. The letterhead contains the text "your Company Letterhead" and "company address". The body of the letter contains the following text: "The Date (current date)", "Re: Your Name", "To whom it may concern,", "This letter is to serve as confirmation that (Student's Name) has extended health care coverage as an employee of (your company).", "My policy number is (Policy #) with (Insurance Company).", "Yours Truly, Benefits Administrator Contact Information". To the left of the letter, there are two blue callout boxes. The top box contains the text "The current date and your name" and points to the "The Date" field. The bottom box contains the text "Policy number" and points to the "My policy number" field. To the right of the letter, there are two blue callout boxes. The top box contains the text "Your employer's letterhead" and points to the "your Company Letterhead" text. The bottom box contains the text "Insurance company" and points to the "(Insurance Company)" text.

The current date and your name

Policy number

your Company Letterhead

company address

The Date (current date)

Re: Your Name

To whom it may concern,

This letter is to serve as confirmation that (Student's Name) has extended health care coverage as an employee of (your company).

My policy number is (Policy #) with (Insurance Company).

Yours Truly,
Benefits Administrator
Contact Information

Your employer's letterhead

Insurance company

Benefit cards from your parents' benefit plans may not have your name on them. You are required to submit confirmation that has your name on it, in your opt out submission!