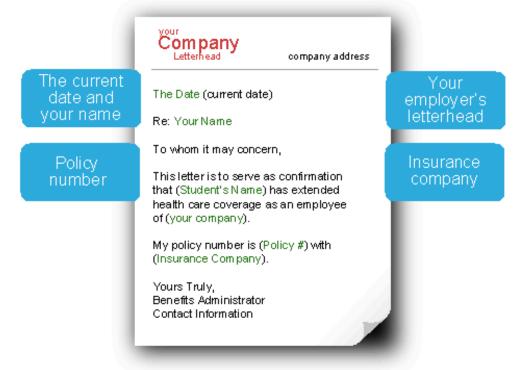
## **Example Proof of Coverage**

Acceptable proof of alternate coverage consists of:

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



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



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!