

Complete and return immediately to:

Benefit Office – NECA Local No. 145

Attn: Julie Sommers

1700 52nd Avenue, Ste. B

Moline, Illinois 61265

PROOF OF PRIOR COVERAGE FORM

****Have you had insurance coverage during the past year?**

_____ Yes (If yes, you **MUST** provide us with a Certificate of Creditable Coverage* from your previous insurance carrier or employer for that time. **DO NOT** send a copy of your insurance card)

_____ No (If no, you will be subject to the Pre-Existing Conditions Limitation. S)

****Has your dependent(s) had insurance coverage during the past year?**

_____ Yes (If yes, you **MUST** provide us with a Certificate of Creditable Coverage* from their current or previous insurance carrier or employer for that time. **DO NOT** send a copy of their insurance card)

_____ No (If no, they will be subject to the Pre-Existing Conditions Limitation.)

If you have any questions, please don't hesitate to call the Fund Office at 309/764-8080.

*Certificate of Creditable Coverage: A document from your previous insurance carrier or employer that states the effective date of coverage and termination date of coverage (if applicable.)