

Certification Language

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy via direct bill. You should contact your insurance carrier for an explanation of your options for both continuation or cancellation of your existing coverage.

If a covered child reaches a limiting age as specified in the certificate or a rider, it is your responsibility to notify the company.

Coverage will not become effective unless you are actively at work on the Certificate Effective Date. If you are not actively at work on that date, coverage will become effective on the date you return to an active work status.

CERTIFICATION: I have read the completed Employee Application and the statements and answers that pertain to me and my spouse and my children. I acknowledge that these statements and answers are true and complete to the best of my knowledge and belief, and that the statements and answers will be used by the insurance company to determine insurability. I realize any false statement or misrepresentation in the Employee Application may result in loss of coverage under the Certificate. I understand that no insurance will be in effect until my Employee Application is approved and the necessary premium is paid.

I understand and agree that the coverage that I am applying for may have pre-existing condition exclusion.

I acknowledge that I am actively at work.

I acknowledge that I have accurately disclosed my usage of tobacco products in the past 12 months.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony in the third degree.

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