

## Previous Health Insurance Information

*Complete this form using black ink only.*

Pre-Existing Condition Limitation Periods			
Rocky Mountain HMO or Rocky Mountain HealthCare Options, Inc., will apply a limitation period for coverage for pre-existing medical conditions. This limitation period could last up to six months from the day your coverage starts or from the first day of any waiting period imposed by your employer, whichever is earlier. This limitation period could be reduced or eliminated for each family member, including you, who is now or who was previously covered by a health care plan. No pre-existing condition limitation period will be applied to adopted children, children placed for adoption prior to their 18th birthday, a child who is enrolled within 30 days after birth, to pregnancy, or to any condition relating to pregnancy. For more information on pre-existing condition limitation periods, please refer to disclosure statement on last page. <b>(Does not apply to RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado or RMHMO HMO Standard Health Benefit Plan for Colorado or plans with 51 or more employees)</b>			
Previous Health Insurance Information			
Please list all current health coverage policies and/or all previous health coverage policies in effect in the last 12 months. Complete this section for yourself and each family member listed on this enrollment form. Add additional pages if needed. <b><i>You must attach to this form a certificate of creditable coverage or other proof of creditable coverage for every family member listed on this enrollment form who has had coverage. If you do not have a certificate, but you do have prior coverage, we will accept other proof or documents that show you have/had creditable coverage. Please contact us if you need help demonstrating creditable coverage.</i></b>			
Family Member Name	Name and Telephone Number of Health Plan or Insurance Company	Effective Dates of Coverage MM/DD/YY	RMHP USE
Self Name:	Health Plan or Insurance Company Name:	From:	
Plan # or Social Security Number:        -        -	Phone Number: (        )	To:	
Spouse Name:	Health Plan or Insurance Company Name:	From:	
Plan # or Social Security Number:        -        -	Phone Number: (        )	To:	
Dependent Name:	Health Plan or Insurance Company Name:	From:	
Plan # or Social Security Number:        -        -	Phone Number: (        )	To:	
Dependent Name:	Health Plan or Insurance Company Name:	From:	
Plan # or Social Security Number:        -        -	Phone Number: (        )	To:	

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The form must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan or who has selected the plan as a finalist from which the ultimate selection will be made. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

**An access plan is available for each managed care network offered by Rocky Mountain Health Plans to any interested party upon request. Such access plans contain information on providers, hospitals, referral and grievance procedures, quality assurance, access for members with special needs, emergency coverage provisions, and other information on how to access services.**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**COLORADO INSURANCE LAW REQUIRES ALL CARRIERS IN THE SMALL GROUP MARKET TO ISSUE ANY HEALTH BENEFIT PLAN IT MARKETS IN COLORADO TO SMALL EMPLOYERS OF 2-50 EMPLOYEES, INCLUDING A BASIC OR STANDARD HEALTH BENEFIT PLAN, UPON THE REQUEST OF A SMALL EMPLOYER TO THE ENTIRE SMALL GROUP, REGARDLESS OF THE HEALTH STATUS OF ANY OF THE INDIVIDUALS IN THE GROUP. BUSINESS GROUPS OF ONE CANNOT BE REJECTED UNDER A BASIC OR STANDARD HEALTH BENEFIT PLAN DURING OPEN ENROLLMENT PERIODS AS SPECIFIED BY LAW.**

The pre-existing condition limitation period does not apply to the RMHMO HMO Basic Limited Mandate Health Benefit Plan for Colorado and the RMHMO HMO Standard Health Benefit Plan for Colorado. It also does not apply to pregnancy, a newly adopted child, a child placed for adoption, nor to a child who is enrolled within 30 days after birth.

RMHP will impose a six-month pre-existing condition limitation period (12-month limitation period for Business Groups of One) for all new enrollees (not including late enrollees) who have a physical or mental condition for which medical advice, diagnosis, care, supplies, prescription drugs, or treatment was recommended or received within six months immediately preceding the date of their enrollment in an RMHP plan or the first day of any employer-imposed waiting period, whichever is earlier. This means that if you have a medical condition before enrolling in our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. The pre-existing condition limitation period will be reduced by the period of time that a new enrollee was covered by creditable coverage, provided the creditable coverage did not terminate more than 90 days before the earlier of the first day of the waiting period or the effective date of coverage under an RMHP plan. Such health coverage policies or plans that count as "creditable coverage" can reduce the length of any pre-existing condition limitation periods that might otherwise apply by the number of days of your prior creditable coverage. Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion limitation if you have not had a break in coverage of at least 90 days.

RMHP will impose an 18-month pre-existing condition limitation period for all late enrollees who have a physical or mental condition for which medical advice, diagnosis, care, supplies, prescription drugs, or treatment was recommended or received within six months immediately preceding the date of their enrollment in an RMHP plan. This 18-month period shall also include a 12-month period of exclusion from coverage that is applicable to late enrollees. The pre-existing condition limitation period for late enrollees will be reduced by the period of time that the late enrollee was covered by creditable coverage, provided the creditable coverage did not terminate more than 90 days before the date of their enrollment under an RMHP plan.

For small employer groups, see the enclosed Disclosure Notice for Small Employer Groups, which is incorporated into this document by reference.