



8310 Clinton Park Drive, Fort Wayne, IN 46825
 (260) 482-7400 OR 1-800-837-7400
 Fax (260) 482-8991

PRE-EXISTING CONDITION INVESTIGATION FORM

PLEASE READ THE PRE-EXISTING CONDITION EXCLUSION LISTED BELOW PRIOR TO COMPLETING THE PRE-EXISTING INVESTIGATION FORM IN IT'S ENTIRETY. PLEASE COMPLETE A SEPARATE FORM FOR EACH COVERED PERSON AND RETURN TO BENICOMP, INC.

Group Name _____ Group # : _____
 Employee Name: _____
 Patient Name: _____ DOB: _____

***Pre-Existing Condition Exclusion:** This plan imposes a Pre-Existing Condition Exclusion. That means if you have a medical condition before coming to this plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This Exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the 6-month period prior to your enrollment date. Generally, this 6-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the 6-month period ends on the day before the waiting period begins. The Pre-Existing Condition Exclusion does not apply to pregnancy nor to a child who is enrolled in the plan or who has other creditable coverage within the 30 days after birth, adoption, or placement for adoption.

This Exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this Exclusion Period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the Pre-Existing Condition Exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month if late enrollee) Exclusion Period by your creditable coverage, you should provide us with a copy of any certificates of creditable coverage (HIPAA Certificates) you have.

***Special Reminder:** *Per the HIPAA Regulations; "If you do not have a prior creditable coverage certificate that can be used to reduce the Pre-Existing Condition Exclusion (12-month or 18-month period for late enrollee) prior to your hire date or the effective date of this coverage due to an Open Enrollment or Special Enrollment you will be held to the Pre-Existing Limitation (12-month or 18-month period for late enrollee)."*

*69 Fed. Reg. 78719, 78732: Code §9801(a); ERISA §701(a); PHSA §2701(a); Treas. Reg. §54.9801-3(a)(2)(ii); DOL Reg. §2590.701-3(a)(2)(ii); HHS Reg §146.11(a)(2)(ii).

Please provide the following information:

1.) List any condition you have received treatment for or have been advised to seek treatment for within the past 6 months.

Condition	Dates of treatment
_____ Asthma	_____
_____ Diabetes	_____
_____ Hypertension (High Blood Pressure)	_____
_____ High Cholesterol	_____
_____ Cancer	_____
_____ OTHER	_____

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Physician(s) Information:

2.) List ALL physicians that you have seen in the past 6 months along with all corresponding diagnosis.
Doctor's NAME, ADDRESS, PHONE NUMBER are REQUIRED. If not included, form will be returned for completion, causing a possible delay in payment of claims.

Prescription History:

3.) List all medications you are currently taking, list the condition for the medication, and the prescribing Physician(s). *(Please use a separate piece of paper if necessary)*

Surgery History:

4.) List any surgeries you have had or been advised to have in the past 6 months.

By signing below I understand that if a Pre-Existing Condition is found at any time during the 12 months or (18 months for Late Enrollee) after completion of this form and claims have been paid I will be responsible for refunding the Plan back of the monies previously distributed for payment of claims.

Signature of Patient or Patient's Representative
(Form must be completed before signing)

Date

Printed Name of Patient or Patient's Representative

Date

**UPON COMPLETION PLEASE RETURN THIS FORM TO:
BENICOMP, INC., 8310 CLINTON PARK DRIVE, FORT WAYNE, IN 46825
ATTN: HEATHER BROCKHOUSE**