

## CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

**IMPORTANT** — This certificate provides evidence of your prior health plan coverage under the health benefit plan for Peace Corps Volunteers authorized by section 5(e) of the Peace Corps Act (22 USC §2504(e)). This coverage is *creditable coverage*, including prescription drug coverage, for purposes of the group health market provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, this coverage meets the minimum essential coverage requirement of the Affordable Care Act. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the six-month period prior to your enrollment in the new plan.

The RPCV Short-term Health Insurance For Transition & Travel insurance administrator, International Medical Group, Inc. (IMG), 1-855-731-9442 or 1-317-927-6825, will, upon request, issue a similar certificate to document the period of time you elected post-service health insurance coverage under that plan.

At this time, coverage under the health benefit plan for Peace Corps Volunteers is not creditable coverage that entitles you or your family to buy an individual insurance policy that does not exclude coverage for medical conditions incurred before you enroll unless your most recent prior creditable coverage was under a group health plan, a governmental plan, or a church plan as those terms are defined in 45 CFR §144.103, and followed your Peace Corps service without a break of more than 63 days.

If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate.

1. Date of this certificate: \_\_\_\_\_
2. Name of Plan: Health Benefit Plan for Peace Corps Volunteers under section 5(e) of the Peace Corps Act
3. Name of participant: \_\_\_\_\_
4. Identification number of participant: \_\_\_\_\_
5. Name and address of issuer responsible for providing this certificate:  

Peace Corps  
1111 20<sup>th</sup> Street, NW  
Washington, DC 20526
6. For further information call: 1-202-692-1540
7. Date waiting period or affiliation period (if any) began: None
8. Date coverage began: \_\_\_\_\_
9. Date coverage ended: \_\_\_\_\_

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Peace Corps Certifying Official (Name & Title)

## **CERTIFICATE OF GROUP HEALTH PLAN COVERAGE INSTRUCTIONS**

This certificate must be given to each Volunteer or Trainee as he/she leaves Peace Corps service.

**LINE 1:** This date will normally be the last date of the Volunteer or Trainee's (V/T's) service but may be a later date if issued after the conclusion of service.

**LINE 3:** Enter the V/T's name.

**LINE 4:** Enter the V/T's social security number if the V/T is Medicare eligible. Enter the V/T's Volunteer ID if the V/T is not Medicare eligible.

**LINE 8:** Enter the V/T's enter-on-duty date.

**LINE 9:** This date will always be the date Peace Corps service ends.