

Western Mutual Insurance Company

P.O. Box 572450, Murray, Utah 84157-2450

Telephone: 801-263-8000

Toll Free: 800-748-5340

Claims Fax: 801-263-1189

PRIOR INSURANCE INFORMATION

If you or any of your dependents maintained health insurance coverage within 63 days of your date of enrollment with Western Mutual Insurance Company, the pre-existing condition limitation period and any time limited benefit periods may be partially or completely waived. Western Mutual Insurance Company needs to determine if this credit is available in order to process claims accurately and timely. Please attach a Certificate of Creditable Coverage from any prior carrier, if available, for which coverage was in force within the last 12 months (18 months if you are a late enrollee), and complete the following information:

Name of Employee _____ Employee SSN _____

Employee's Address _____ Phone No. _____
Street City State Zip

Name of Employee's Employer _____ Group Policy No. _____

If you or any of your dependents did not have any prior health insurance coverage, indicate **NONE**.

Name of individual with Medical insurance coverage prior to the coverage with Western Mutual Insurance Company:	Prior insurance company's name, address and phone number:	Policy no. and member ID# of prior insurance:	Effective date and termination date of prior insurance:

I authorize any physician, medical practitioner, hospital, clinic, any other provider of health care, or insurance company to disclose to WMI or its representatives all information and records of myself and my dependents relating to diagnosis, treatment, medical history, physical or mental condition, and evaluation thereof for which coverage by WMI is sought. I expressly waive on behalf of myself, my spouse and such dependents any legal action for such disclosure. A copy of this authorization shall have the same effect as the original.

Signature of Employee

Date