

Part I

Responsible Individual

1

Name of responsible individual

2

Social security number (SSN or other TIN)

3

Date of birth (If SSN or other TIN is not available)

4

Street address (including apartment no.)

5

City or town

6

State or province

7

Country and ZIP or foreign postal code

8

Enter letter identifying Origin of the Policy (see instructions for codes): ►

9

Reserved

Part II

Information about Certain Employer-Sponsored Coverage (see instructions)

10

Employer name

11

Employer identification number (EIN)

12

Street address (including room or suite no.)

13

City or town

14

State or province

15

Country and ZIP or foreign postal code

Part III

Issuer or Other Coverage Provider (see instructions)

16

Name

17

Employer identification number (EIN)

18

Contact telephone number

19

Street address (including room or suite no.)

20

City or town

21

State or province

22

Country and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual.)																
(a) Name of covered individual(s)	(b) SSN or other TIN	(c) DOB (If SSN or other TIN is not available)	(d) Covered all 12 months	(e) Months of coverage												
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
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