

**Quinn Dizon**

3429 Tulane Drive Apt. 22

Hyattsville

MD

20783

## **CERTIFICATION OF CREDITABLE COVERAGE**

**\*IMPORTANT--This certificate provides evidence of your prior health coverage. 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 6-month period prior to your enrollment in the new plan.**

If you become covered under a group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Name of the Insurer: **UnitedHealthcare Insurance Company**
2. Date of this Certificate: **9/29/2016**
3. Name of health plan: **University of Maryland - College Park**
4. Name of participant: **Quinn Dizon**
5. Identification number of participant: **5608570**
6. Name of any dependents to whom this certificate applies:
7. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:  
**UnitedHealthcare Insurance Company**  
**PO Box 809025**  
**Dallas, Texas 75380-9025**
8. For further information, call: **1-800-767-0700**
9. If an (all) individual(s) identified in line 4 and line 6 has (have) at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here ☐.
10. Date waiting period or affiliation period (if any) began: *Not Applicable*
11. Date coverage began: **08/01/2015**
12. Date coverage ended: **07/31/2016**  
(or check if coverage is continuing as of the date of this certificate ☐.

**Note: Separate certificates will be furnished if information is not identical for the participant and each dependent.**