



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 medical conditions that you have had 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 plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate, for yourself or your family for, an insurance policy that does not include coverage for medical conditions that are present before you enroll.

1. Date of this certificate: 10/02/2025
2. Insurance Company: Aetna
3. Policy Number: 198843-25
4. Name of Group: Florida International University
5. Name of participant: Ravi Kumar
6. Identification #: W288483559
7. Name and ID# of dependents to which this certificate applies:
8. Name, address and telephone number of plan administrator or insurance company responsible for providing this certificate:

Academic Healthplans  
P.O. Box 1605  
Colleyville, TX 76034

9. For further information about this individual's coverage call: (855) 247-2273
10. If the individual(s) identified in lines 5 and 7 has at least 18 months of credible coverage (disregarding periods of coverage before a 63-day break), check here X and skip lines 12 and 13.
11. Date waiting period (if any) began:
12. Date coverage began: 08/17/2025
13. Termination Date: 12/31/2025
14. Participant Address: 11873 SW 16th St, Pembroke pine, FL, 33025

The information provided in this certificate is the same for all listed individuals. Separate certificates will be furnished if information is not identical for the participant and each beneficiary.