BlueCross BlueShield of Florida Health Options.

Health Options and its Parent, Blue Cross and Blue Shield of Florida, are Independent Licensees of the Blue Cross and Blue Shield Association.

Prior / Concurrent Coverage Affidavit

Current Group Employer **College of Central Florida** Group # 78803

Applicant's Name _____

Individuals who currently have coverage or have had any healthcare coverage within the past 63 days may be entitled to a credit towards their pre-existing limitation period. Please provide the following information:

Name of Plan/Company	*Type Coverage A-F (See below)	Policy Number	Effective Date	Cancel Date & Reason	List All Family Members That Are/Were Covered
Most recent:					

*Type Coverage: A) PPO B) HMO C) Major Medical D) Individual E) Medicare A & B F) Other (specify)

I acknowledge that credit toward my Pre-existing limitation period is contingent upon the complete and accurate disclosure of the information requested above. I represent that information on this form is true and complete and understand that any misstatements may result in denial of benefits and/or termination of coverage.

Applicant/Employee Signature _____ Date _____

Employee Social Security # _____