

**Complete the steps below:**

1. Contact our Direct Sales Call Center at (800) 358-9727 to get a rate quote (rate may increase after underwriting).
2. Complete a separate application for health insurance and the certification below.
3. Send forms to Golden Rule Insurance Company.

I am requesting coverage for (primary applicant's name): \_\_\_\_\_

\_\_\_\_\_ During an open enrollment period. Golden Rule must receive this form and a separate application for health insurance **between July 1 and August 14.**

\_\_\_\_\_ During a special enrollment period due to a "qualifying event." Golden Rule must receive this form and a separate application for health insurance **within 30 days** of the "qualifying event."

A "qualifying event" for a child under the age of 19 means:

- The child lost renewable creditable coverage as defined in Iowa Code section 514A.3B(3) as a result of termination of the parent's or guardian's employment or eligibility, the involuntary termination of the creditable coverage, death of the child's parent or guardian, or the divorce or legal separation of the child's parent or guardian; or
- The child was covered under a mandated continuation of employer group coverage until that coverage was exhausted; or
- The child became a resident of Iowa during a month that was not the child's birth month; or
- The child's marriage, birth, adoption, or placement for adoption occurs; or
- A court has ordered that coverage be provided for a spouse or minor or dependent child under a covered parent's or guardian's health insurance coverage.

If approved, coverage will be effective:

- If during an open enrollment period — September 1
- If during a special enrollment period — the date of the qualifying event, but no earlier than June 8, 2011

**CERTIFICATION THAT NO OTHER COVERAGE IS AVAILABLE TO THE APPLICANT**

For purposes of the sections below, "other coverage" does not include coverage through Medicaid, the Iowa Comprehensive Health Association (HIPIOWA), or HIPIOWA-FED.

The applicant listed above:

- Does not have other coverage in force currently;
- Is not eligible for other coverage;
- Will not have other coverage in force on the effective date described above; and
- Will not be eligible for other coverage on the effective date described above.

I understand that under Iowa law the applicant listed above is **not** eligible for guaranteed issue coverage if the applicant has other coverage or other coverage available at the time of the effective date described above.

**If a parent is signing this form for a minor:**

Do you have other coverage?  Yes  No

If yes, please list the insurance company and the policy/certificate number:

\_\_\_\_\_ Company Name Policy Number

Why is the applicant listed above not eligible under the plan listed above? \_\_\_\_\_

Does your spouse or the applicant's other parent have other coverage?  Yes  No

If yes, please list the insurance company and the policy/certificate number:

\_\_\_\_\_ Company Name Policy Number

Why is the applicant listed above not eligible under the plan listed above? \_\_\_\_\_

X	_____	_____ / ____ / ____
	Primary Applicant (You)	Date
X	_____	_____ / ____ / ____
	Parent/Guardian (If you are a minor)	Relationship Date