

SERFF Tracking Number: CVKS-128430983 State: Arkansas  
Filing Company: Coventry Health and Life Insurance Company State Tracking Number:  
Company Tracking Number: APP-HS-05.11E  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
Product Name: SG Std Appl Electronic Form  
Project Name/Number: /

## Filing at a Glance

Company: Coventry Health and Life Insurance Company

Product Name: SG Std Appl Electronic Form SERFF Tr Num: CVKS-128430983 State: Arkansas

TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num:  
Closed

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num: APP-HS-05.11E State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Vanda Johnson, Paula  
Bostock, Lisa Foos

Disposition Date: 06/18/2012

Date Submitted: 06/04/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 06/18/2012

State Status Changed: 06/18/2012

Deemer Date:

Created By: Vanda Johnson

Submitted By: Vanda Johnson

Corresponding Filing Tracking Number: CVKS-127187464

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

Please find attached for your review and approval a depiction of the electronic version of the small group application and declination form approved by your office on 6/28/2011 - SERFF CVKS-127187464 - form APP-HS-05.11. Please note that paper forms will still be made available and this is only intended as another means to apply if this method is preferable to the applicant.

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If you have any questions, please do not hesitate to contact me at 703-794-7755 or Lisa Foos at 316-609-2564.  
 Thank you for your attention to this filing.

Sincerely,  
 Vanda Johnson  
 Policy and Compliance Specialist  
 State Narrative:

## Company and Contact

### Filing Contact Information

Lisa Foos, Manager, Regulatory Compliance lfoos@phsystems.com  
 8535 E. 21st St. N. 316-609-2564 [Phone]  
 Wichita, KS 67206

### Filing Company Information

Coventry Health and Life Insurance Company CoCode: 81973 State of Domicile: Delaware  
 8320 Ward Parkway Group Code: 1137 Company Type: LAH  
 Kansas City, MO 64114 Group Name: Coventry Health Care State ID Number:  
 (866) 795-3995 ext. 4539[Phone] FEIN Number: 75-1296086

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50/form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Coventry Health and Life Insurance Company	\$50.00	06/04/2012	59655159

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/18/2012	06/18/2012

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/12/2012	06/12/2012	Vanda Johnson	06/13/2012	06/13/2012

*SERFF Tracking Number:* CVKS-128430983 *State:* Arkansas  
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## **Disposition**

Disposition Date: 06/18/2012

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CVKS-128430983 State: Arkansas  
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	PPACA Uniform Compliance Summary	Approved-Closed	Yes
<b>Form</b>	Electronic SG Std Application	Approved-Closed	Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/12/2012  
Submitted Date 06/12/2012  
Respond By Date 07/12/2012

Dear Lisa Foos,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Electronic SG Std Application, APP-HS-05.11E (Form)

#### Comment:

Under the eligible dependents, the relationship drop down contains: Spouse, Son, Daughter. What provisions are made for Adopted Children as outlined under ACA 23-79-137, coverage for minors for whom the insured has filed a petition to adopt?

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/13/2012  
Submitted Date 06/13/2012

Dear Rosalind Minor,

### Comments:

Please see response below.

### Response 1

Comments: Adopted children are covered as well as those under petition for adoption. Thus we certify that "son" and "daughter" includes those that the insured has petitioned to adopt as required by 23-79-137.

### Related Objection 1

Applies To:

- Electronic SG Std Application, APP-HS-05.11E (Form)

Comment:

Under the eligible dependents, the relationship drop down contains: Spouse, Son, Daughter. What provisions are made for Adopted Children as outlined under ACA 23-79-137, coverage for minors for whom the insured has filed a petition to adopt?

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for your attention to this filing.

Sincerely,

Lisa Foos, Paula Bostock, Vanda Johnson

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/18/2012	APP-HS-05.11E	Application/Enrollment Form	Electronic SG Std Application	Initial			SG_Std_Appl_Electronic_AR_APP-HS-05.11E.pdf

**Subscriber Enrollment:** The system will move the user step by step through the enrollment screens. Any required fields which are missing information will be highlighted and an error message will be displayed at the top of the screen. The user is unable to navigate from the screen until all required information is completed.

The “State” drop down list contains the following:

**State Drop Down List Contains:**

AK	FL	KY	MS	NY	TN
AL	FM	LA	MT	OH	TX
AR	GA	MA	NA	OK	UT
AS	GU	MD	NC	OR	VA
AZ	HI	ME	ND	PA	VI
CA	IA	MH	NE	PR	VT
CO	ID	MI	NH	PW	WA
CT	IL	MN	NJ	RI	WI
DC	IN	MO	NM	SC	WV
DE	KS	MP	NV	SD	WY

The “County” drop down list contains all the represented by the states / territories listed above. A detailed list can be found in the embedded document.



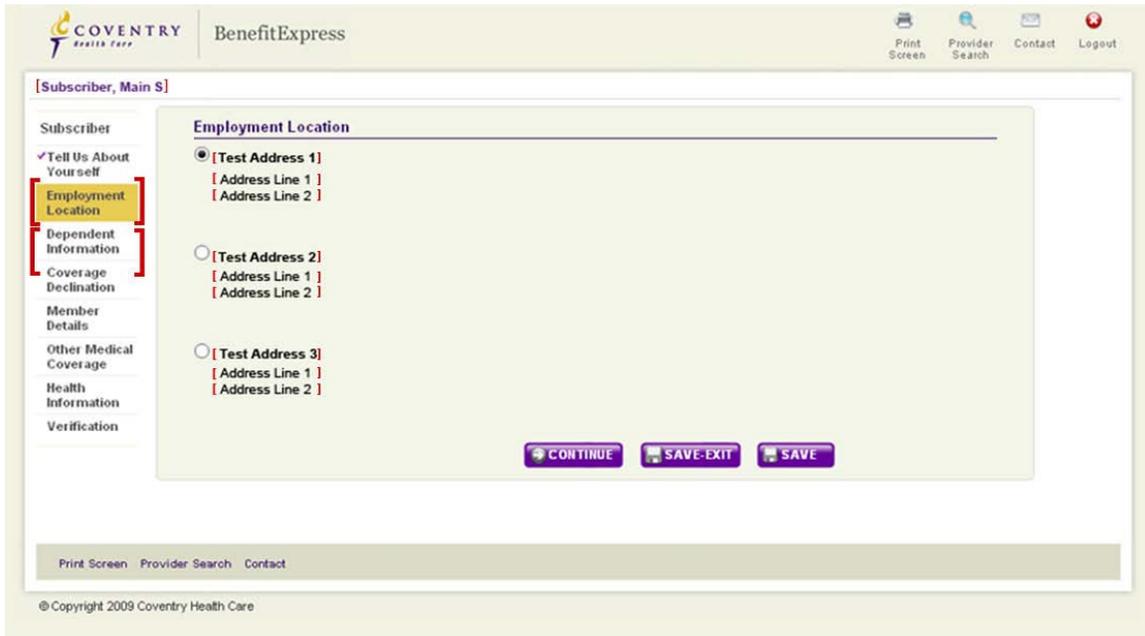
P:\E840\Standard  
App JPG\Standard Ap

The “Sex” drop down list contains: M, F.

The “Marital Status” drop down list contains: Single/Widowed, Married, Divorced, Separated.

The “Type of Coverage” drop down list contains: Employee, Employee Spouse, Employee Child, Employee Children, Family, Waived.

The “Earnings Paid” drop down list contains: Hourly, Salaried, Other.



The screenshot displays the Coventry Health Care BenefitExpress web application interface. The top navigation bar includes the Coventry Health Care logo, the text "BenefitExpress", and utility icons for "Print Screen", "Provider Search", "Contact", and "Logout". The main content area is titled "[Subscriber, Main S]" and features a left-hand navigation menu with options: "Subscriber", "Tell Us About Yourself", "Employment Location" (highlighted with a red box), "Dependent Information", "Coverage Declination", "Member Details", "Other Medical Coverage", "Health Information", and "Verification". The "Employment Location" section is active, showing three radio button options for "Test Address 1", "Test Address 2", and "Test Address 3". Each option includes two text input fields for "Address Line 1" and "Address Line 2". At the bottom of the form are three buttons: "CONTINUE", "SAVE-EXIT", and "SAVE". A footer bar contains "Print Screen", "Provider Search", and "Contact" links, along with the copyright notice "© Copyright 2009 Coventry Health Care".

COVENTRY Health Care BenefitExpress

Print Screen Provider Search Contact Logout

[Subscriber, Main S]

Subscriber

Dependent Information

List only those eligible dependents who are enrolling.

add dependent

	First Name*	MI	Last Name*	Date of Birth (MM/DD/YYYY)*	Sex*	SSN	Relationship*	Delete
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Delete"/>

CONTINUE SAVE-EXIT SAVE

\* Item selection is required

Print Screen Provider Search Contact

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The “Sex” drop down list contains: M, F.

The “Relationship” drop down list contains: Spouse, Son, Daughter.

COVENTRY Health Care BenefitExpress

Print Screen Provider Search Contact Logout

[Subscriber, Main S]

Subscriber

Coverage Declination

Coverage Declination- This information is to be used for declining Medical coverage only. Otherwise, click continue.

A. Declining Medical Coverage:

B. Reason for declining coverage:

If Other, please explain:

CONTINUE SAVE-EXIT SAVE

Print Screen Provider Search Contact

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The “Declining Medical Coverage” drop down list contains: None, Myself (Includes spouse and dependents), Spouse.

The “Reason for declining coverage” drop down list contains: N/A, Other health coverage, Spousal coverage, Other reason (please explain).

The “Is This Your Current Physician” drop down list contains: No, Yes.

The “Disabled” drop down list contains: No, Yes.

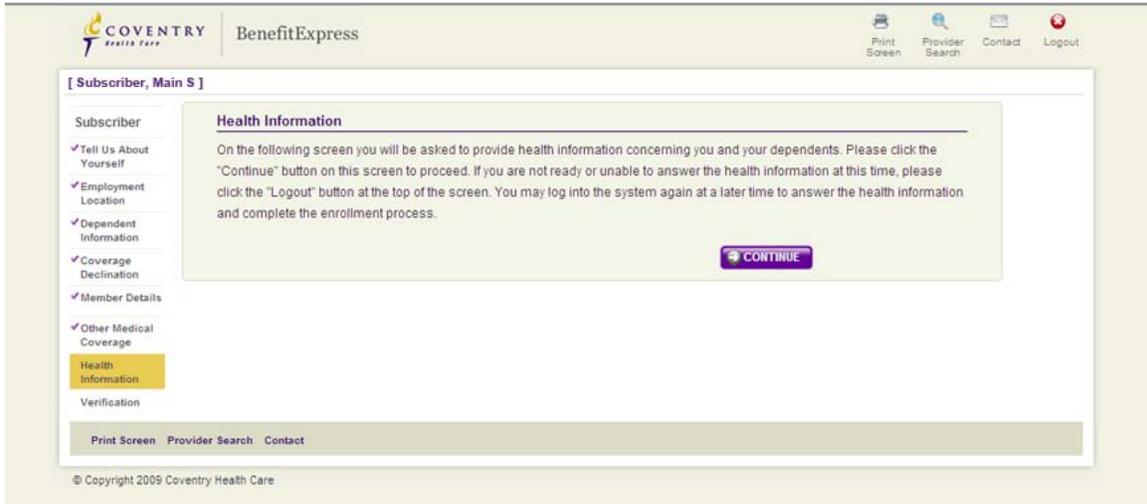
The “Full-time Student” drop down list contains: No, Yes.

The Question “A. When coverage with” drop down list contains: No, Yes, Unknown.

The “Coverage Type” drop down list contains: None, Group Policy, Individual Policy, Medicare, Pharmacy, Group Policy + Pharmacy, Medicaid, Tricare, Other.

The “Part” drop down list contains: None, A, B, C, D, A & B, A & D, B & D.

The “Reason for Medicare Eligibility” drop down list contains: None, Over 65, Kidney Disease (ESRD), Disabled, ALS (Lou Gehrig’s disease), Retired.



Have you or any family member listed on this form consulted with, received advice from or been examined, diagnosed or treated by any health care professional during the last five (5) years for any illness, injury or health condition in any of the categories listed below? If “YES,” please check the box that most appropriately describes the problem and explain fully below.

In completing this form and answering the questions set forth herein, you should not include any of your and/or your dependent’s family history or genetic information (including, but not limited to, genetic testing, genetic services, genetic counseling, or genetic diseases for which you and/or your dependents may be at risk).

By submitting this application, you understand the purpose of the disclosure and use of your information is to allow Coventry Health Care of Kansas, Inc. / Coventry Health and Life Insurance Company to make decisions regarding eligibility, enrollment, underwriting and premium risk rating.

**Please note: If you leave out or misrepresent material information on this form, we may rescind, terminate, or modify your coverage or your premium.**

Height and Weight		
Name	*Height	*Weight
[ Main S Subscriber, ]	<input type="text"/> (ft) <input type="text"/> (in)	<input type="text"/> (lbs)

The “Height” (ft) drop down list contains: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9.

The “Height” (in) drop down list contains: 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11.

**Health Information**

**\* Cancer / Tumor**

\*Condition Types:

Benign Tumors or Cysts:       Brain:       Breast:       Colon:

Leukemia:       Liver:       Lung:       Lymphoma:

Melanoma / Skin:       Other Cancer / Tumor Condition:       None:

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

 Remove Enrollee for [ Medical Condition ]

 Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

\*Treatment Needed?: Yes ▾  
\*Is Treatment: Past ▾  
\*Treatment Started:  (MM/YYYY)  
\*Treatment Ended:  (MM/YYYY)  
Comments  
(e.g. details of past treatments  
for this condition):

If they select “Ongoing”, the following screen will display.

\*Is Treatment: Ongoing ▾  
\*Treatment Started:  (MM/YYYY)  
Comments  
(e.g. details of past treatments  
for this condition):

If they select “Future”, the following screen will display.

\*Is Treatment: Future ▾  
\*Treatment Started:  (MM/YYYY)  
Comments  
(e.g. details of past treatments  
for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes ▾  
\*Medication Name:   
Dosage:   
 Remove Medication  
 Add Medication

**\* Heart / Circulatory / Blood**

**\*Condition Types:**

Anemia:       Aneurysm:       Angina (Chest Pain):       Angioplasty / Stenting:

Cardiac Pacemaker or Defibrillator:       Cardiomyopathy:       Clotting or Bleeding Disorder:       Congestive Heart Failure:

Coronary Artery Bypass Graft:       Heart Attack:       Heart Murmur:       Heart Valve Disorder:

Hemophilia:       Hypertension:       Irregular Heart Beat:       Peripheral Vascular Disease:

Sickle Cell Disorder:       Varicose Veins:       Vasculitis:       Other Heart / Circulatory / Blood Disorder:

None:

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

\*Treatment Needed?: Yes ▾  
\*Is Treatment: Past ▾  
\*Treatment Started:  (MM/YYYY)  
\*Treatment Ended:  (MM/YYYY)  
Comments  
(e.g. details of past treatments for this condition):

If they select “Ongoing”, the following screen will display.

\*Is Treatment: Ongoing ▾  
\*Treatment Started:  (MM/YYYY)  
Comments  
(e.g. details of past treatments for this condition):

If they select “Future”, the following screen will display.

\*Is Treatment: Future ▾  
\*Treatment Started:  (MM/YYYY)  
Comments  
(e.g. details of past treatments for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes ▾  
\*Medication Name:   
Dosage:   
 Remove Medication  
 Add Medication

**\* Reproductive**

**\*Condition Types:**

Abnormal Pap:       Abnormal Uterine Bleeding:       Adoption in Progress:       Breast Disorder:

Endometriosis:       Erectile Dysfunction:       Fibroids:       Infertility:

Menstruation Problems:       Pregnancy, Current:       Pregnancies, Past:       Other Reproductive Disorder:

None:

If the subscriber selects a condition other than “Pregnancy, Current”, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

 Remove Enrollee for [ Medical Condition ]

 Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

\*Treatment Needed?: Yes   
\*Is Treatment: Past   
\*Treatment Started:  (MM/YYYY)  
\*Treatment Ended:  (MM/YYYY)  
Comments  
(e.g. details of past treatments  
for this condition):

If they select “Ongoing”, the following screen will display.

\*Is Treatment: Ongoing   
\*Treatment Started:  (MM/YYYY)  
Comments  
(e.g. details of past treatments  
for this condition):

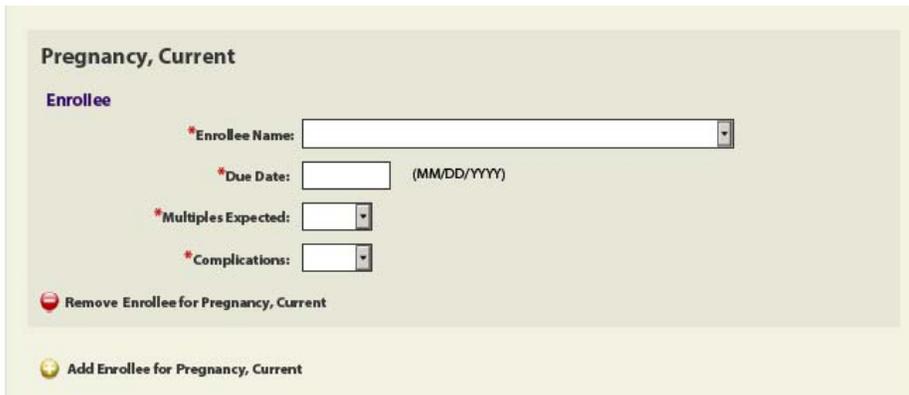
If they select “Future”, the following screen will display.

\*Is Treatment: Future   
\*Treatment Started:  (MM/YYYY)  
Comments  
(e.g. details of past treatments  
for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes   
\*Medication Name:   
Dosage:   
 Remove Medication  
 Add Medication

If the subscriber selects “Pregnancy, Current”, they will be asked the following questions:

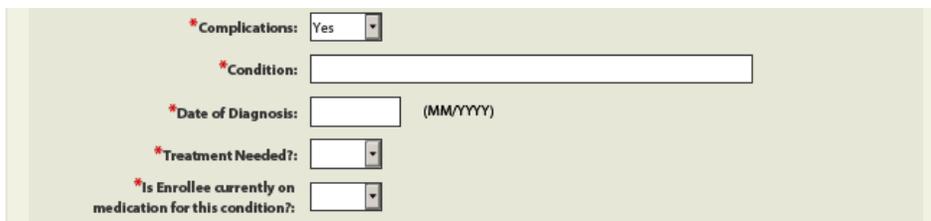


The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Multiples Expected” drop down list contains: No, Yes.

The “Complications” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Complications”, they are asked to provide the following details:

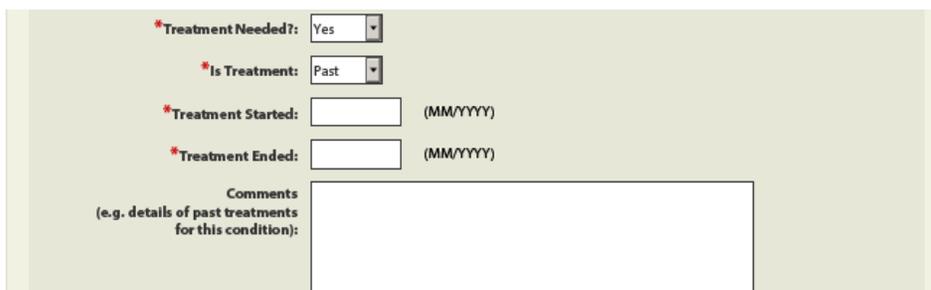


The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.



If they select “Ongoing”, the following screen will display.

**\*Is Treatment:**

**\*Treatment Started:**  (MM/YYYY)

**Comments**  
(e.g. details of past treatments for this condition):

If they select “Future”, the following screen will display.

**\*Is Treatment:**

**\*Treatment Started:**  (MM/YYYY)

**Comments**  
(e.g. details of past treatments for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

**\*Is Enrollee currently on medication for this condition?:**

**\*Medication Name:**

**Dosage:**

 Remove Medication

 Add Medication

**\* Intestinal / Endocrine**

**\*Condition Types:**

Cirrhosis: <input type="checkbox"/>	Crohn's Disease: <input type="checkbox"/>	Diabetes, Type 1: <input type="checkbox"/>	Diabetes, Type 2: <input type="checkbox"/>
Diabetes, Other / Unknown Type: <input type="checkbox"/>	Disorder Requiring Growth Hormones: <input type="checkbox"/>	Diverticulitis: <input type="checkbox"/>	Gallbladder Disease: <input type="checkbox"/>
Gastric Reflux: <input type="checkbox"/>	Goiter, Currently: <input type="checkbox"/>	Hemorrhoids: <input type="checkbox"/>	Hepatitis, Type A: <input type="checkbox"/>
Hepatitis, Type B: <input type="checkbox"/>	Hepatitis, Type C: <input type="checkbox"/>	Hepatitis, Type D: <input type="checkbox"/>	Hepatitis, Other / Unknown Type: <input type="checkbox"/>
Irritable Bowel Syndrome: <input type="checkbox"/>	Liver Disease: <input type="checkbox"/>	Pancreatitis: <input type="checkbox"/>	Pituitary Disorder: <input type="checkbox"/>
Proctitis or Rectal Disorder: <input type="checkbox"/>	Spleen Disorder: <input type="checkbox"/>	Stomach Ulcer: <input type="checkbox"/>	Thyroid Disease: <input type="checkbox"/>
Ulcerative Colitis: <input type="checkbox"/>	Other Intestinal / Endocrine Disorder: <input type="checkbox"/>	None: <input type="checkbox"/>	

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

\*Treatment Needed?: Yes

\*Is Treatment: Past

\*Treatment Started:  (MM/YYYY)

\*Treatment Ended:  (MM/YYYY)

Comments  
(e.g. details of past treatments for this condition):

If they select “Ongoing”, the following screen will display.

\*Is Treatment: Ongoing

\*Treatment Started:  (MM/YYYY)

Comments  
(e.g. details of past treatments for this condition):

If they select “Future”, the following screen will display.

\*Is Treatment: Future

\*Treatment Started: (MM/YYYY)

Comments (e.g. details of past treatments for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes

\*Medication Name:

Dosage:

Remove Medication

Add Medication

**\* Brain / Nervous**

\*Condition Types:

ALS (Lou Gehrig's Disease) / Amyotrophic Lateral: <input type="checkbox"/>	Alzheimer's: <input type="checkbox"/>	Cerebral Palsy: <input type="checkbox"/>	Migraines: <input type="checkbox"/>
Multiple Sclerosis: <input type="checkbox"/>	Paralysis: <input type="checkbox"/>	Parkinson's Disease: <input type="checkbox"/>	Seizure (Epilepsy) Disorder: <input type="checkbox"/>
Spina Bifida: <input type="checkbox"/>	Stroke: <input type="checkbox"/>	Other Brain / Nervous Disorder: <input type="checkbox"/>	None: <input type="checkbox"/>

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis: (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Treatment Needed?' with 'Yes' selected; a dropdown menu for '\*Is Treatment:' with 'Past' selected; two text input fields for '\*Treatment Started:' and '\*Treatment Ended:', each followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Ongoing”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Ongoing' selected; a text input field for '\*Treatment Started:' followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Future”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Future' selected; a text input field for '\*Treatment Started:' followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes

\*Medication Name:

Dosage:

Remove Medication

Add Medication

**\* Lung / Respiratory**

\*Condition Types:

Allergies: <input type="checkbox"/>	Asthma: <input type="checkbox"/>	Chronic Bronchitis: <input type="checkbox"/>	COPD (Chronic Obstructive Pulmonary Disease): <input type="checkbox"/>
Cystic Fibrosis: <input type="checkbox"/>	Emphysema: <input type="checkbox"/>	Pneumonia: <input type="checkbox"/>	Sarcoidosis: <input type="checkbox"/>
Sleep Apnea: <input type="checkbox"/>	Tuberculosis: <input type="checkbox"/>	Other Lung / Respiratory Disorder: <input type="checkbox"/>	None: <input type="checkbox"/>

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Treatment Needed?' with 'Yes' selected; a dropdown menu for '\*Is Treatment:' with 'Past' selected; two text input fields for '\*Treatment Started:' and '\*Treatment Ended:', each followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Ongoing”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Ongoing' selected; a text input field for '\*Treatment Started:' followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Future”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Future' selected; a text input field for '\*Treatment Started:' followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Enrollee currently on medication for this condition?:' with 'Yes' selected; a text input field for '\*Medication Name:'; a text input field for 'Dosage:'; a red minus button labeled 'Remove Medication'; and a yellow plus button labeled 'Add Medication'.

**\* Eyes / Ears / Nose / Throat**

**\*Condition Types:**

Acoustic Neuroma:       Cataracts:       Chronic Ear Infections:       Chronic Sinusitis:

Deviated Nasal Septum:       Eye Disorder (other than glasses):       Glaucoma:       Retinopathy:

Other Eyes / Ears / Nose / Throat Disorder:       None:

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

\*Treatment Needed?: Yes

\*Is Treatment: Past

\*Treatment Started:  (MM/YYYY)

\*Treatment Ended:  (MM/YYYY)

Comments  
(e.g. details of past treatments for this condition):

If they select “Ongoing”, the following screen will display.

**\*Is Treatment:**

**\*Treatment Started:**  (MM/YYYY)

**Comments**  
(e.g. details of past treatments for this condition):

If they select “Future”, the following screen will display.

**\*Is Treatment:**

**\*Treatment Started:**  (MM/YYYY)

**Comments**  
(e.g. details of past treatments for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

**\*Is Enrollee currently on medication for this condition?:**

**\*Medication Name:**

**Dosage:**

 Remove Medication

 Add Medication

**\* Urinary / Kidney**

**\*Condition Types:**

Bladder Disorder: <input type="checkbox"/>	Dialysis: <input type="checkbox"/>	End Stage Renal Disease: <input type="checkbox"/>	Kidney Stones: <input type="checkbox"/>
Polycystic Kidney Disease: <input type="checkbox"/>	Prostate Disorder: <input type="checkbox"/>	Renal (Kidney) Insufficiency or Failure: <input type="checkbox"/>	Other Urinary / Kidney Disorder: <input type="checkbox"/>
None: <input type="checkbox"/>			

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

\*Treatment Needed?: Yes

\*Is Treatment: Past

\*Treatment Started:  (MM/YYYY)

\*Treatment Ended:  (MM/YYYY)

Comments  
(e.g. details of past treatments for this condition):

If they select “Ongoing”, the following screen will display.

\*Is Treatment: Ongoing

\*Treatment Started:  (MM/YYYY)

Comments  
(e.g. details of past treatments for this condition):

If they select “Future”, the following screen will display.

\*Is Treatment: Future

\*Treatment Started: (MM/YYYY)

Comments (e.g. details of past treatments for this condition):

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes

\*Medication Name:

Dosage:

Remove Medication

Add Medication

**\* Bones / Muscles**

\*Condition Types:

Amputation:  Arthritis:  Bulging, Herniated, or Ruptured Disc:  Fibromyalgia:

Fractures:  Gout:  Joint Injury, Pain or Replacement:  Muscular Dystrophy:

Prosthetic Device:  TMJ (Temporomandibular Joint Dysfunction):  Traumatic Limb Loss:  Other Bones / Muscles Disorder:

None:

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis: (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Treatment Needed?' with 'Yes' selected; a dropdown menu for '\*Is Treatment:' with 'Past' selected; two text input fields for '\*Treatment Started:' and '\*Treatment Ended:', both with '(MM/YYYY)' to their right; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Ongoing”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Ongoing' selected; a text input field for '\*Treatment Started:' with '(MM/YYYY)' to its right; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Future”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Future' selected; a text input field for '\*Treatment Started:' with '(MM/YYYY)' to its right; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.



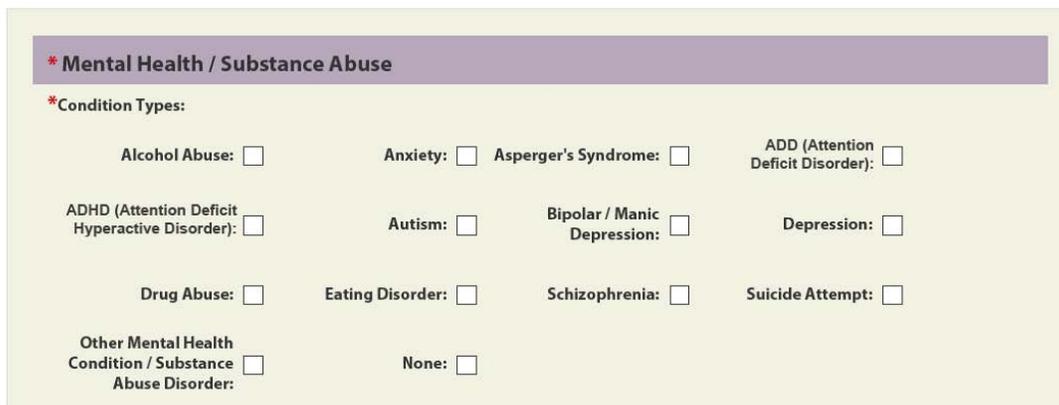
\*Is Enrollee currently on medication for this condition?: Yes

\*Medication Name:

Dosage:

Remove Medication

Add Medication

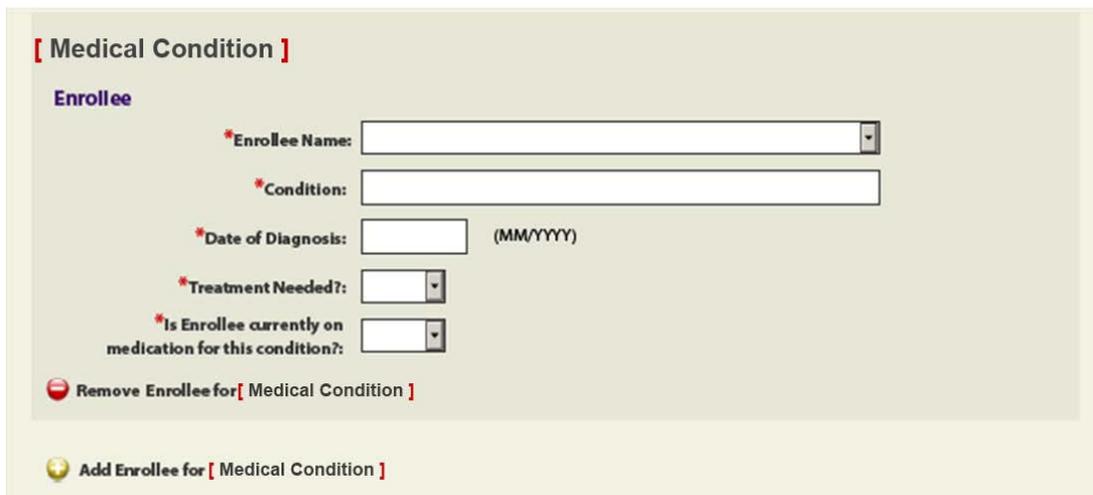


**\* Mental Health / Substance Abuse**

\*Condition Types:

Alcohol Abuse: <input type="checkbox"/>	Anxiety: <input type="checkbox"/>	Asperger's Syndrome: <input type="checkbox"/>	ADD (Attention Deficit Disorder): <input type="checkbox"/>
ADHD (Attention Deficit Hyperactive Disorder): <input type="checkbox"/>	Autism: <input type="checkbox"/>	Bipolar / Manic Depression: <input type="checkbox"/>	Depression: <input type="checkbox"/>
Drug Abuse: <input type="checkbox"/>	Eating Disorder: <input type="checkbox"/>	Schizophrenia: <input type="checkbox"/>	Suicide Attempt: <input type="checkbox"/>
Other Mental Health Condition / Substance Abuse Disorder: <input type="checkbox"/>	None: <input type="checkbox"/>		

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.



**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Treatment Needed?' with 'Yes' selected; a dropdown menu for '\*Is Treatment:' with 'Past' selected; two text input boxes for '\*Treatment Started:' and '\*Treatment Ended:', each followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Ongoing”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Ongoing' selected; a text input box for '\*Treatment Started:' followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Future”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Future' selected; a text input box for '\*Treatment Started:' followed by '(MM/YYYY)'; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Enrollee currently on medication for this condition?:' with 'Yes' selected; a text input box for '\*Medication Name:'; a text input box for 'Dosage:'. Below these are two buttons: a red button with a minus sign labeled 'Remove Medication' and a yellow button with a plus sign labeled 'Add Medication'.

**\* Transplant**

\* Any organ, bone marrow, stem cell, or corneal transplant?

Already Performed:       Discussed:       Planned:       Recommended:

Other Transplant:       None:

If the subscriber makes a selection other than “None”, they will be asked to provide additional details.

**Transplant, Other Transplant**

**Enrollee**

\*Enrollee Name:

\*Type of Transplant:

Remove Enrollee for Transplant, Other Transplant

Add Enrollee for Transplant, Other Transplant

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

**\* Immune System**

\*Condition Types:

AIDS (Acquired Immunodeficiency Syndrome):       ARC (AIDS Related Complex):       Connective Tissue Disorder:       HIV (Human Immunodeficiency Virus):

Lupus:       Sarcoidosis:       Scleroderma:       Other Immune System Disorder:

None:

If the subscriber selects a condition, they will be asked to provide additional details related to that condition.

**[ Medical Condition ]**

**Enrollee**

\*Enrollee Name:

\*Condition:

\*Date of Diagnosis:  (MM/YYYY)

\*Treatment Needed?:

\*Is Enrollee currently on medication for this condition?:

Remove Enrollee for [ Medical Condition ]

Add Enrollee for [ Medical Condition ]

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “Treatment Needed” drop down list contains: No, Yes.

The “Is Enrollee currently on medication for this condition” drop down list contains: No, Yes.

If the subscriber answers “Yes” to “Treatment Needed?”, they are asked “Is Treatment”. The “Is Treatment” drop down list contains: Past, Ongoing, Future.

If they select “Past”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Treatment Needed?' with 'Yes' selected; a dropdown menu for '\*Is Treatment:' with 'Past' selected; a text input field for '\*Treatment Started:' with '(MM/YYYY)' to its right; a text input field for '\*Treatment Ended:' with '(MM/YYYY)' to its right; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Ongoing”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Ongoing' selected; a text input field for '\*Treatment Started:' with '(MM/YYYY)' to its right; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If they select “Future”, the following screen will display.

A screenshot of a web form with a light green background. It contains the following fields: a dropdown menu for '\*Is Treatment:' with 'Future' selected; a text input field for '\*Treatment Started:' with '(MM/YYYY)' to its right; and a large text area for 'Comments (e.g. details of past treatments for this condition):'.

If the subscriber answers “Yes” that they are currently on medication for the condition, the following details are asked.

\*Is Enrollee currently on medication for this condition?: Yes   
\*Medication Name:   
Dosage:

**\* Medication**  
\* Is anyone currently taking any prescription medications not mentioned yet?  
Yes:       None:

If the subscriber selects “Yes”, they will be asked to provide additional details on the medication.

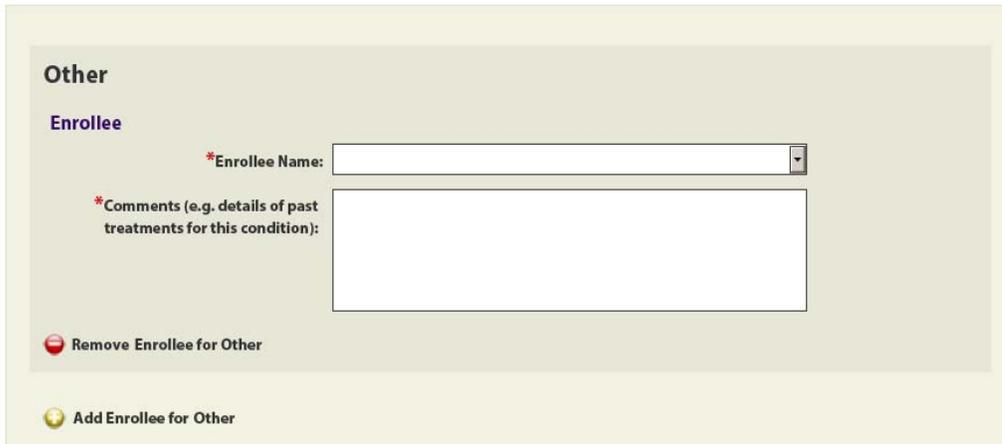
**Medication**  
**Enrollee**  
\*Enrollee Name:   
\*Medication Name:   
Dosage:   
\*How Taken?:   
\*Condition:

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

The “How Taken” drop down list contains: Infused, Inhaled, Injectable, Oral.

**\* Other**  
\* Any medical treatment or surgery discussed or advised, but not done yet?  
Yes:       None:

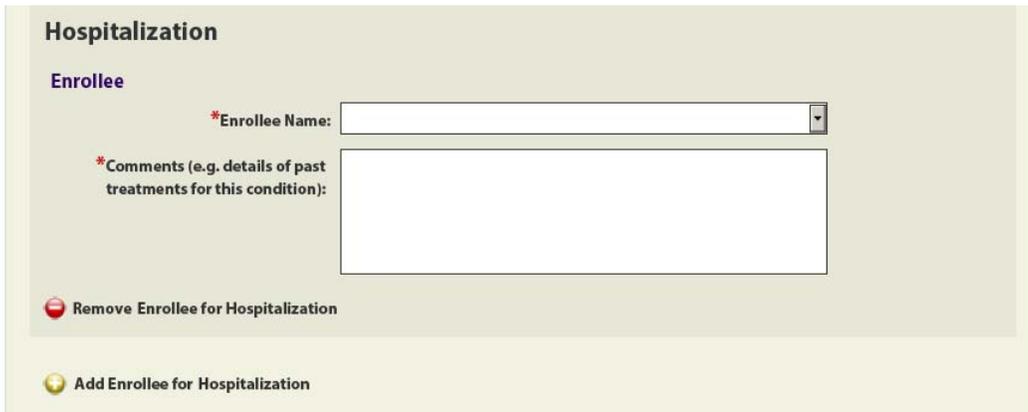
If the subscriber answers “Yes” that they have medical treatment or surgery discussed or advised, but not done yet, the following details are asked.



The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

' and 'None: 

If the subscriber selects “Yes”, they will be asked to provide additional details on the hospitalization.



The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

' and 'Tobacco: ' and 'None:

If the subscriber selects “Smokeless Tobacco”, they will be asked to provide additional details on the smokeless tobacco usage.

The screenshot shows a form titled "Smokeless Tobacco" with a sub-section "Enrollee". It contains three required fields: "\*Enrollee Name:" (a dropdown menu), "\*How long:" (a text input), and "\*How much:" (a text input). Below the fields are two buttons: "Remove Enrollee for Smokeless Tobacco" (with a red minus icon) and "Add Enrollee for Smokeless Tobacco" (with a yellow plus icon).

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.

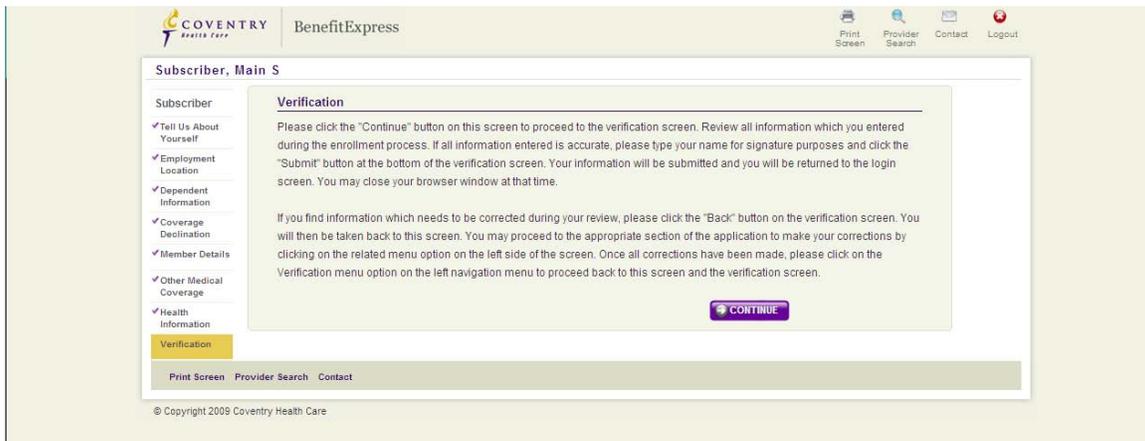
If the subscriber selects “Tobacco”, they will be asked to provide additional details on the tobacco usage.

The screenshot shows a form titled "Tobacco" with a sub-section "Enrollee". It contains three required fields: "\*Enrollee Name:" (a dropdown menu), "\*How long:" (a text input), and "\*How much:" (a text input). Below the fields are two buttons: "Remove Enrollee for Tobacco" (with a red minus icon) and "Add Enrollee for Tobacco" (with a yellow plus icon).

The “Enrollee Name” drop down list is populated with the Subscriber’s name and any enrolling dependent’s names.



Once all the required information is provided, the user will click Submit and continue through the verification process.



The verification process provides the subscriber with the opportunity to review all the information asked during enrollment and the responses they provided. If any information needs to be corrected, the subscriber can make the changes and re-verify before providing their electronic signature.

## Agreement And Authorization Terms

### Conditions of Enrollment and Authorization

For purposes of this document, the term "Coventry" shall mean the company which underwrites the employer group policy issued to your employer. Coventry Health Care of Kansas, Inc. underwrites the HMO and POS products. Coventry Health and Life Insurance Company underwrites the PPO products including HDHP.

By signing below, I hereby agree to the following:

1. I hereby request enrollment for benefits for the person(s) listed on this form, and agree that I and my family members shall abide by the provisions of coverage set forth in the Certificate of Coverage/Insurance or Evidence of Coverage (referred to herein as the "Certificate") under which we are enrolled. I hereby acknowledge Coventry's right to require that I provide written proof of dependent status for persons I claim to be a dependent.
2. I understand that the Certificate of Coverage/Insurance will determine the rights and responsibilities of Member(s) and Coventry, and will govern in the event of conflict with other materials provided by my employer or Coventry. The Certificate may be obtained (i) by contacting your employer, or (ii) by calling the Customer Service Department at (314) 555-5555 and requesting a hard copy of the Certificate be mailed via U.S. regular mail. For certain policies you may be able to obtain a copy of your Certificate on the Coventry health plan's website. Your signature on this application represents acceptance of these delivery options.
3. I understand that any act that constitutes fraud or intentional misrepresentation of a material fact in answering the questions on this application may result in termination or rescission of coverage, or may result in a re-rating of the policy. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. For policies issued in the state of Louisiana, any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
4. I understand that the effective date of coverage shall be determined by my employer according to the agreement between my employer and Coventry.

5. I authorize any physician, hospital, other medical provider, and persons or organizations involved in utilization review, peer review and other health plan administrative duties to disclose to Coventry any medical information, including, but not limited to, individually identifiable health information relating to diagnosis, prognosis, treatment, and payment for any physical and/or mental illness including substance abuse, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or Human Immunodeficiency Virus (HIV) relating to any individuals applying for enrollment by this form. For claim adjudication purposes, this authorization is valid for the duration of my coverage for health benefits through Coventry. For underwriting purposes, this authorization is valid for thirty (30) months from the date this form is signed, except for policies issued in the States of Nebraska, South Dakota, West Virginia, Wyoming, and Kansas where such authorization shall remain valid for twenty-four (24) months.

6. On behalf of myself and my enrolled dependents, I authorize Coventry to use or disclose to third parties the information contained in this enrollment form for purposes of administering health insurance benefits including treatment, payment, or health care operations, as those terms are explained in detail in Coventry's Notice of Privacy Practices and to the extent permitted by law.

7. I understand that certain covered medical services must be authorized by Coventry. I understand and agree that I may be personally responsible for all costs and charges for any health care services or prescription drugs for which I do not follow Coventry's prior authorization requirements. If the plan I am enrolling in is an HMO plan, then I understand that I must obtain medical services from a participating provider unless otherwise authorized by Coventry.

8. I authorize deductions from my earnings of the required contribution, if any, toward the cost of Coventry coverage (if applicable).

9. I understand that it is my responsibility to report to my employer any changes in the eligibility of the individuals listed. Also, any change in medical condition and any treatment or advice from a physician or provider, for you or anyone on this application, that occurs in the period between the date the application is signed and the policy/coverage effective date must be immediately reported to Coventry. Omissions of updated information/treatment/advice may result in coverage being rescinded or denied.

10. I understand that my coverage and benefits are contingent upon prompt payment of premiums. If my employer fails to make timely payment of premiums, Coventry may terminate this policy retroactively to the last date for which premium was paid or, in certain states, on the last day of the premium grace period following appropriate notice.

11. I understand that this policy may not cover all health care expenses. I understand that I must read my Certificate carefully to determine which health care services are covered.

12. I understand I am enrolling in a health care plan which may require that health care services be provided by participating providers. I also understand that failure to use a participating provider may result in reduced coverage or no coverage for services I receive, and I will be fully responsible for any and all costs not covered by Coventry. I understand that my Certificate provides additional details explaining the use of participating and non-participating providers under the plan. I have received a list of the participating providers, or if not, I understand that a list of participating providers is available to be (i) on the health plan's website or (ii) upon request. I understand that a provider's participating status may change from time to time and it is my responsibility to verify the provider's participation status prior to receiving services. I understand that I may verify provider status in one of two ways. First, by checking Coventry's website. Second, I may call Customer Service at the number listed on my Member ID card.

13. I understand that Coventry does not directly employ any participating providers or facilities. I further understand that Coventry provides the following summary of financial arrangements with the health care providers who are participating in the Coventry network:

- (a) Hospital providers are paid according to a contract that includes inpatient per diems, case rates and discounted fee for service arrangements depending on a specific service provided.
- (b) Physicians are paid through capitation or discounted fee for service in accordance with a specific agreed upon fee schedule.
- (c) Other ancillary services including laboratory services, home health, skilled nursing and hospice are paid either on a contracted fee schedule or, where permitted by law, a capitation arrangement.

14. I understand that if I and/or any of my dependents, if any, waive coverage at this time and desire to participate in the plan at a future date, coverage could be subject to treatment as a late enrollee at that time. I further understand that even if I decline enrollment for myself or my dependents, spouse included, because of other health coverage at this time, I will still have the right to enroll myself and/or my dependents in this plan, provided I request enrollment within thirty-one (31) days of the time that such coverage ends. I also understand that if a new dependent relationship is formed due to marriage, birth, adoption, placement for adoption, or court order, I may be able to enroll myself and/or my dependents provided I request enrollment within thirty-one (31) days of such marriage, birth, adoption, placement for adoption or court order. However, for policies issued in North Carolina, there is no time limit for enrollment following an issuance of a court order. If you reside in Arkansas, you may enroll a newborn dependent within 90 days of the child's birth or before the next premium due date, which ever is later. My dependents may also be eligible for special enrollment during the 60 days following the loss of Medicaid/CHIP coverage.

15. NOTICE ABOUT YOUR PRE-EXISTING CONDITION LIMITATIONS. If this plan imposes a pre-existing condition exclusion for employees and dependents, then I understand and agree to the following: If you have medical condition that existed prior to enrolling in this Coventry plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis care or treatment was recommended or received within a six-month period prior to your enrollment date. The pre-existing condition exclusion does not apply to children under 19 years old, to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption or placement for adoption or foster care. Eligible children (newborns, adoptive children, foster children and those added as a result of a court order) are not subject to this exclusion period when enrolled more than 31 days after one of the events listed above if your coverage type or the premiums owed are not affected by adding the child. However, for policies issued in North Carolina, there is no time limit for enrollment following an issuance of a court order. When applicable, this exclusion may last up to 12 months from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period.<sup>8</sup> However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage". Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days (90 days for policies issued in the States of Georgia and Wyoming). To reduce the 12 month exclusion period by your creditable coverage, you should provide Coventry with a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, Coventry will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact Coventry if you need help demonstrating creditable coverage. (\* In South Carolina, the exclusion may last up to 12 months from your first date of coverage, from the start of your waiting period or from the date of your last receipt of medical care, treatment, or supplies for the condition, whichever occurs first.) If you are covered under a Florida policy that has fewer than two employees, the preexisting condition exclusion period described above may last up to 24 months following the employee's effective date of coverage.

16. I understand that disputes regarding coverage and benefits may be resolved in accordance with Coventry's Member Grievance and Appeals procedures set forth in the Certificate.

17. I hereby represent that all information and statements furnished by me are true and complete to the best of my knowledge. I understand that any fraud or intentional misrepresentation of material fact including pre-existing conditions may result in the termination or rescission (back to the effective date) of my or any dependent's coverage and that I will be financially responsible for any costs incurred following the date of termination or rescission. Any person who knowingly and with the intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony.

18. If you are enrolling in an HMO product in the Commonwealth of Virginia, by signing below you acknowledge that you have been offered an out-of-network plan.

19. For policies issued in the state of Louisiana, I understand that I can revoke my authorization set forth herein at any time and my revocation shall immediately terminate the authorization.

Agreed to and accepted by:

 BACK

 SUBMIT

### Signature History

Name	User ID	Date	Time	IP Address

Once signed off, the verification can be printed and / or saved by the user as a copy of their application. The system populates and records the signature history for verification purposes.

SERFF Tracking Number: CVKS-128430983 State: Arkansas  
 Filing Company: Coventry Health and Life Insurance Company State Tracking Number:  
 Company Tracking Number: APP-HS-05.11E  
 TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
 Product Name: SG Std Appl Electronic Form  
 Project Name/Number: /

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> Please see attached certification <b>Attachment:</b> AR_APP-HS-05.11E_Flesch_Certification.pdf	Approved-Closed	06/18/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> filing is for Small Group Application included under Form Schedule tab <b>Comments:</b>	Approved-Closed	06/18/2012

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary <b>Bypass Reason:</b> not PPACA related <b>Comments:</b>	Approved-Closed	06/18/2012



