

*Your Rights Your Options*



**CONVERSION  
P R O G R A M**

**PRINCETON UNIVERSITY**



Earning Your Trust, Every Day

## CONVERSION COVERAGE GUARANTEED

Celtic Conversion Coverage guarantees your right to medical coverage regardless of your health or past medical history.

Even though coverage through your group health plan, policy or COBRA is about to expire, you will be relieved to know that you have been provided the option to obtain major medical insurance. Even after your health plan or COBRA benefits expire, you will have the right to choose a plan that's right for you.

### Select the coverage that best meets your needs.

In addition to Celtic Conversion Coverage, Celtic also offers a Short-Term Health plan to persons who only need medical insurance for a limited period of time and who can meet Celtic's underwriting requirements. To determine which plan may best fit your needs ask yourself the following questions.

#### Celtic Conversion Coverage

- Do you need health insurance for a long period of time?
- Do you need health insurance for a serious or ongoing medical condition?
- Do you need immediate coverage for any pre-existing health conditions?
- If you answered "yes" to **any** of the above, then Conversion Coverage is probably the best plan for you.

#### Celtic Short-Term Health Plan\*

- Do you need health insurance for only a short time? (*ie. A few months*)
- Are you in good health and free of any serious or ongoing medical conditions?
- Are you able to accept limited coverage for pre-existing conditions?
- If you answered "yes" to **all** of the above, then Short-Term coverage may be the best plan for you.

For additional information regarding Short-Term, call **(800) 365-2365**.

## IF YOU HAVE SELECTED CELTIC CONVERSION COVERAGE

### You are eligible if:

You were covered for three consecutive months under your group plan\* and you have met the maximum period of eligibility under COBRA (providing COBRA is available). You may apply if you are in any of the following categories:

1. You and/or your dependents are no longer eligible under your group plan or any other medical plan.
2. The covered group plan participant has died, and you are a dependent spouse or child.
3. You have moved out of the service area of your participating HMO.
4. You are a covered dependent that has reached the maximum age under the group plan.

\* Note: In the states of AZ, NM, and OK you may be eligible regardless of how long you were covered under your group plan. However, to be eligible you must still meet the other requirements listed above.

### You are not eligible if:

1. Your group health plan was discontinued.
2. Your employer's group plan ended and there is a succeeding medical expense plan.
3. You or your employer failed to pay the required premium and/or fees.
4. You are age 65 or older.
5. You are covered or eligible for Medicare or other medical expense benefits offered by any group plan, individual policy, prepayment plan, government program or any other plan which, according to our rules, results in excessive coverage or over-insurance.
6. You fail to apply for Conversion within 31 days after your group coverage or COBRA coverage terminates. (Note: Some states allow a longer period of time to convert. Please contact Celtic at **(800) 365-2365** for more information.)

### Celtic Conversion Coverage & Benefits

Celtic offers a variety of Conversion health plans to meet your needs. Specific benefits may vary from state to state.

Further information concerning rates and benefits can only be provided to you upon our receipt of this completed form within the 31 day period referred to above.

Details concerning Celtic Short-Term health coverage can be obtained by calling Celtic directly at **(800) 365-2365**.

## HEALTH PLAN COMPARISON AT-A-GLANCE

	CONVERSION COVERAGE	SHORT-TERM HEALTH PLAN
<b>Benefits</b>	Choice of plan maximums, subject to certain dollar limits	Choice of deductibles, plan maximums generally higher than conversion
<b>Pre-Existing Conditions</b>	Fully covered and subject to policy limitations	Not covered in most states
<b>Length of Coverage Period</b>	Continues in force as long as premiums are paid	1 to 6 months only
<b>Underwriting Requirements</b>	None. Coverage is guaranteed regardless of present health or past medical history	Must be in excellent health and able to answer "no" to all health questions on the application
<b>Cost</b>	Higher than Short-Term and possibly more than COBRA Continuation	Relatively inexpensive
<b>To Apply</b>	Complete the information requested in the brochure and send it to us.	For additional information regarding Short-Term, call <b>(800) 365-2365</b> .

\* Not available in all states. For further information contact Celtic or refer to the brochure.

# NOTIFICATION OF YOUR RIGHT TO CONVERT

Celtic Insurance Company • 233 S. Wacker Drive, Suite 700 • Chicago, IL 60606

FOR OFFICE USE ONLY

## GENERAL INFORMATION *(To be completed by Applicant)*

Please fill out the following information completely or this form will be returned to you. **PLEASE PRINT**

My participation in my present medical expense plan is provided by: *(Name of Employer)* \_\_\_\_\_

My Employer's plan terminated effective: \_\_\_\_\_ My CONTINUATION/COBRA PLAN terminated effective: \_\_\_\_\_

### THIS IS NOT AN APPLICATION FOR COVERAGE!

I hereby request Celtic Insurance Company to provide me with information regarding Conversion Coverage. The Conversion Coverage, if applied for, and if issued, will be effective on the day following the date that participation in the group medical plan terminates.

Are any dependents to be covered?:  Yes  No If "Yes", please fill in below:

NAME	RELATIONSHIP	BIRTH DATE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were these dependents covered under the prior group plan?:  Yes  No If "No", please explain: \_\_\_\_\_

Are you, or any other person for whom coverage is being applied, currently employed, or expect to be employed in the near future?:

Yes  No If "Yes", please explain: \_\_\_\_\_

If "Yes", was medical insurance offered?:  Yes  No

Was the medical insurance declined?:  Yes  No

Will a medical insurance plan be offered at a later date?:  Yes  No If "Yes," please indicate date coverage will be effective: \_\_\_\_\_

Are you, or any other person for whom coverage is being applied, eligible for or covered by an other medical expense insurance policy *(either individual or group)*, medical service subscriber contract or prepayment plan, or any other plan or program (insured or uninsured) offered privately or through a government program?:  Yes  No **If "Yes", please include a copy of your policy.**

To be eligible for conversion Coverage, mail this completed form within 31 days of termination of coverage to:

**Celtic Insurance Company • P.O. Box 06469 • Chicago, IL 60606 • (800) 365-2365**

Name: *(person whose benefits are terminating)* \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

How were you covered under the employer's group plan?  Employee  Spouse  Dependent

Reason for termination of group plan coverage: \_\_\_\_\_

## EMPLOYER'S OR ADMINISTRATOR'S STATEMENT *(To be completed by former employer or administrator)*

Name of Employer or Administrator: \_\_\_\_\_ Parent Company Name: \_\_\_\_\_

Employer Headquarters Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Date applicant first became covered under: THE GROUP PLAN: \_\_\_\_\_ CONTINUATION/COBRA PLAN: \_\_\_\_\_

Date applicant coverage terminated under: THE GROUP PLAN: \_\_\_\_\_ CONTINUATION/COBRA PLAN: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

If applicant is a former employee, last day actively at work: \_\_\_\_\_

Is the applicant covered under any other extension of benefits provision?:  Yes  No If "Yes", please explain: \_\_\_\_\_

Are benefits limited by a pre-existing condition for this applicant?:  Yes  No If "Yes", please explain: \_\_\_\_\_

Is the applicant eligible for, or covered by, any other medical expense benefit plan?:  Yes  No If "Yes", name & details of benefit plan: \_\_\_\_\_

Person completing Employer Statement: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge. I have enclosed a copy of the employee's enrollment card.

Employer's or Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print in ink

### THREE EASY STEPS TO OBTAIN A CONVERSION APPLICATION

To obtain an application and to receive more information about Celtic Conversion Coverage, take the following steps:

1. Complete the "General Information" section in this brochure.
2. Have your administrator or former employer fill out the "Administrator's or Employer's Statement" section of this brochure.
3. Send the completed forms to:

**Celtic Conversion Coverage**

**P.O. Box 06469**

**Chicago, IL 60606**

**or fax us at (312) 441-0822**

Remember that your employer or your group health plan is providing you with the option to obtain Celtic Conversion Coverage. It is now up to you to exercise your Conversion option by completing this form and returning it to Celtic within 31 days after the date your health coverage ends. *(Some states allow a longer period in which to exercise your option. Please contact Celtic directly for more information.)*

If you have any questions or require additional information, please call a Celtic Conversion Client Services Representative at **(800) 365-2365**.



## Solid, Strong, Committed . . .

*these are the characteristics that have shaped Celtic Insurance Company. And they are representative of the way in which we conduct business. Celtic is a company known for financial stability. We have always protected our customers with a conservative investment strategy and reliable products. We also believe our quality products should be backed by superior service. So you can count on our well trained personnel to administer your policy efficiently and without delay.*

**CELTIC**<sup>®</sup>

Insured by Celtic Insurance Company, a Celtic Group Company  
2010 Celtic Insurance Company