

CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

IMPORTANT NOTICE: 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 certain medical conditions that you have 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 new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate: 02-Jun-08
2. Name of the group health plan: Best Dental Group
3. Name of the participant: Donough, Roger
4. Identification number of the participant: 563-24-1234
5. Name of any dependents to whom this certificate applies:

6. Name, address and telephone number of plan administrator or insurer responsible for providing this certificate:

7. For further information call: Jack Trimble, 408-564-3939
8. If the individual(s) identified in Line 3 and Line 5 has at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), place an 'x' here [x].
9. Date waiting period or affiliation period (if any) began: _____
10. Date coverage began: 3/1/1998
11. Date coverage ended: 5/7/2006
(or check here if coverage is continuing as of the date of this certificate _____).
12. Certified By: _____

Note: Separate certificates will be furnished if information is not identical for the participant and each beneficiary (dependent).