



SUPPLEMENTAL APPLICATION

1. Full Name of Each Applicant (print and list in same order as listed on General A&H Application):
 - (a) #1 (Proposed Insured) _____
 - #2 (Dependent) _____
 - #3 (Dependent) _____
 - #4 (Dependent) _____
 - #5 (Dependent) _____
2. Is/was any applicant covered under a previous health benefit policy, contract or plan which is/was continuous to a date not more than 30 days prior to the proposed effective date of the coverage applied for with Reserve National? Yes ☐ No ☐
3. Does any applicant have at least 18 months of "creditable coverage" under a previous health plan as of the date of this supplemental application? Yes ☐ No ☐
4. Was any applicant's most recent prior "creditable coverage" under an employer group health plan, governmental plan, church plan or coverage offered in connection with any of these plans?
..... Yes ☐ No ☐
5. If the answers to 2, 3 or 4 above are "yes", list which applicant(s), carrier's name, type of coverage, policy number, effective date, termination date and attach cop(y)(ies) of Certificate(s) of Group or Individual Health Plan Coverage. _____

6. Is any applicant eligible for coverage under any of the following:
 - (a) An employer group health plan? Yes ☐ No ☐
 - (b) Part A or Part B of Medicare? Yes ☐ No ☐
 - (c) Medicaid? Yes ☐ No ☐
7. If the answer to 6(a), (b), or (c) above is "yes", list which applicant(s). _____

8. Does any applicant currently have any other health insurance coverage? Yes ☐ No ☐
9. If the answer to 8 above is "yes", list which applicant(s). _____

10. Was any applicant's most recent coverage terminated because of:
 - (a) Nonpayment of premiums? Yes ☐ No ☐
 - (b) Fraud? Yes ☐ No ☐
11. If the answer to 10(a) or (b) above is "yes", list which applicant(s) _____

12. Has any applicant been offered the option of continuing coverage under a COBRA continuation provision or a similar state program? Yes ☐ No ☐
 - (a) If the answer to 12 above is "yes", list which applicant(s). _____

 - (b) If the answer to 12 above is "yes", was such continuation coverage both elected and exhausted?
..... Yes ☐ No ☐
 - (c) List any applicant(s) who were offered continuation coverage, but who did not elect or exhaust such coverage. _____

CONTINUED ON REVERSE SIDE

13. If any applicant is under age 18, was he/she covered under any "creditable coverage" within 30 days of birth, adoption or placement for adoption? Yes ☐ No ☐
 (a) If the answer to 13 above is "yes", list which applicant(s) carrier's name, type of coverage, policy number, effective date, termination date and attach cop(y)(ies) of Certificate(s) of Group or Individual Health Plan Coverage. _____

 (b) If the answer to 13 above is "yes", was such coverage in effect within the last 63 days prior to the date of this supplemental application? Yes ☐ No ☐
14. Is any applicant applying for coverage as an employee of an employer, as a member of an association or as a member of any other group? Yes ☐ No ☐
 (a) If the answer to 14 above is "yes", list which applicant(s). _____

15. Is any applicant covered or eligible for coverage under any private health benefits arrangement (other than the coverage applied for with Reserve National), public health benefits arrangement (including Medicare), any Medicare supplement policy or any continuation policy under state or federal law (such as COBRA)? Yes ☐ No ☐
 (a) If the answer to 15 above is "yes," list which applicant(s), carrier's name, type of coverage, policy number, effective date and termination date. _____

Creditable Coverage Defined: The term "creditable coverage" is defined generally as coverage under (a) an employer group health plan providing medical care benefits, (b) an individual health plan providing medical care benefits, (c) Part A or Part B of Medicare, (d) Medicaid, (e) CHAMPUS, (f) a medical care program of the Indian Health Service or a tribal organization, (g) a state health benefits risk pool, (h) the Federal Employees Health Benefit Program, (i) a public health program established or maintained by a state, county or other political subdivision or (j) a health benefit plan under the Peace Corps Act. Any period of creditable coverage before a break in creditable coverage of 63 or more consecutive days will not be counted for purposes of determining whether an individual is a "federally eligible individual", as defined below, except that a waiting period will not be considered a break in coverage.

Federally Eligible Individual Defined: The term "federally eligible individual" is defined generally as an individual: (a) for whom, as of the date on which he/she applies for coverage, his/her aggregate periods of creditable coverage is 18 or more months and his/her most recent creditable coverage was under an employer group health plan, governmental or church plan; (b) who is not eligible for coverage under an employer group health plan, Medicaid or Part A or Part B of Medicare, and does not have other health insurance coverage; (c) whose most recent coverage was not terminated due to fraud or non-payment of premiums; (d) who, if he/she was offered continuation coverage under COBRA, he/she elected COBRA coverage; and (e) who, if he/she elected COBRA coverage, has exhausted such coverage. An individual under age 18 will be a federally eligible individual if he/she: (i) had any creditable coverage within 30 days of birth, adoption or placement for adoption and (ii) did not have a break in creditable coverage of 63 or more consecutive days.

If I am determined to be a "federally eligible individual", as defined above, or otherwise eligible, I elect: ☐ not to apply for the Ohio Individual Basic Health Benefit Policy or the Ohio Individual Standard Health Benefit Policy, ☐ to apply for the Ohio Individual Basic Health Benefit Policy or ☐ to apply for the Ohio Individual Standard Health Benefit Policy.

ALL STATEMENTS AND ANSWERS CONTAINED ON THIS FORM ARE FULL, COMPLETE AND TRUE AS WRITTEN AND ARE CORRECTLY RECORDED.

Date

Signature of Proposed Insured

I CERTIFY THAT I ASKED EACH QUESTION OF THE APPLICANT PERSONALLY AND THE ANSWERS HAVE BEEN ACCURATELY RECORDED HEREON.

Date

Signature of Agent