

INSURANCE PORTABILITY LAW (IPL) APPLICATION

Please refer to the instructions on reverse side for important information.

Eligibility Department, Post Office Box 66678, Baton Rouge, LA 70896



1. I have read the portability eligibility criteria and declare:

- I may be eligible based on the information provided below.
- I am not eligible for a reduction/elimination of the pre-existing condition limitation.
(If you are not eligible, complete, sign, and date sections 1 and 2 only and return form to OGB)

_____ signature _____ date

2. Employee information (Please type or print. If more space is needed, please use an additional application form.)

_____/_____/_____
Last Name, First Name, Middle Initial Date of Birth Social Security Number

Mailing Address	City	State	Zip Code	Home Phone
_____	_____	_____	_____/_____/_____	_____
Agency Name	Agency Number	Date Employed	Work Phone	
_____	_____	_____/_____/_____	_____	

3. Dependent Information (Dependents to be covered by Group Benefits or HMO)

Name	Date of Birth	Social Security Number	Relationship
_____	_____/_____/_____	_____/_____/_____	_____
_____	_____/_____/_____	_____/_____/_____	_____
_____	_____/_____/_____	_____/_____/_____	_____
_____	_____/_____/_____	_____/_____/_____	_____

4. Prior Health Plan Coverage (A separate application is required for each health plan.)

_____/_____/_____
Name of Policy Holder Date of Birth Social Security Number

Name of Health Plan Policy Number

Mailing Address City State Zip Code Phone

note: Information requested in double lined areas is to be provided by the health plan named above or the employer.

Policy type: _____ group _____ individual Date coverage effective ____/____/____ Date coverage terminated ____/____/____

5. Dependents (List dependents covered – include policy number if different from policy holder.)

Name	Policy number	Date of Birth	Date coverage effective	Date coverage terminated
_____	_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____	_____/_____/_____	_____/_____/_____	_____/_____/_____
_____	_____	_____/_____/_____	_____/_____/_____	_____/_____/_____

According to our records, the information provided above is correct.

Name of Health Plan/Employer date

Signature and Title of Representative/Agent Verifying Information Telephone Number

Insurance Portability Law



About the Insurance Portability Law

Eligible state and school board employees who apply for coverage with Group Benefits or a participating HMO are subject to a Pre-Existing Condition (PEC) limitation. Any illness, injury, disease, or condition for which any treatment was received within the six months prior to the effective date of coverage will have no benefits available for the 12 months following the effective date of coverage. The Insurance Portability Law (IPL) could reduce or even eliminate the one-year PEC limitation if the applicant meets certain criteria.

Criteria for IPL Eligibility

To be eligible for consideration under the Insurance Portability Law, applicants (including eligible dependents) must meet the following criteria:

1. Must have been covered under an eligible group or private plan. (Foreign National Health Insurance is not considered an eligible plan.)
2. Coverage under the other plan(s) must have been continuous. (The 12-month PEC limitation may be reduced by the number of months of continuous prior coverage.)
3. No more than 63 days must have elapsed between the date prior coverage terminated and the application/enrollment date of OGB/HMO coverage.

Instructions for Completing IPL Application

Applicants for coverage must complete an Enrollment/Change document (GB-01) and an IPL Application form. Late applicants must also complete a statement of health form. Only the GB-01 form needs to be returned to the Human Resources/Payroll office for forwarding to OGB. The fully completed IPL Application with proof of prior insurance should be mailed directly to OGB.

1. If eligible under the IPL criteria, the application must be completed in its entirety. A separate IPL application must be completed for each prior health plan.
2. The applicant completes section 1-5, where applicable.
3. The applicant must provide proof of insurance coverage by submission of a Certificate of Prior Coverage.
 - a. Proof of coverage must be provided for the insured period immediately preceding the application/enrollment date of OGB/HMO coverage (up to 12 months).
 - b. Information requested in double-lined boxes must be completed by prior health plan representative. Required data may be supplied on company forms/letterhead of prior health plan, if preferable. An authorized signature or company stamp will verify the document.
 - c. Completed and signed application must be returned to the OGB.
 - d. The OGB will notify the employee of the determination under IPL.

Important!

Responsibility for providing proof of prior insurance coverage lies with the employee requesting IPL consideration. Applicants will have a 12-month PEC limitation until the fully completed IPL application is received and approved by the Office of Group Benefits. If the applicant is eligible, the PEC limitation will be adjusted retroactive to the date of coverage.