



EVIDENCE OF GROUP HEALTH COVERAGE

Employee Information

Date: / /

SSN/ID#: - -

Subscriber Name:

First Name

MI

Last Name

Coverage Status

Ending Beginning

For (check all that apply):

Subscriber Spouse Dependent Child(ren)

Name (if other than Subscriber):

First Name

MI

Last Name

Dependent 2 First Name MI Last Name

Dependent 3 First Name MI Last Name

Plan Information

Plan Name: CEBT

Plan Administrator: Willis Towers Watson

Address: 2000 S. Colorado Blvd. Tower II, Ste. 900 Denver, CO 80222

Phone: (303) 773-1373, (800) 332-1168

Coverage Information

Health Coverage (Rx Included) Dental Coverage Vision Coverage

End Date: / / Start Date: / /

Reason for Change: