

**Request for Certificate of Creditable Coverage**

Complete, sign and mail to SOUTH CENTRAL Preferred's Customer Service Department: 3421 Concord Rd., York, PA 17402 • (717) 851-6800 or (800) 842-1768 or fax to (717) 755-7190.

**A. SUBSCRIBER INFORMATION (Please Print Clearly or Type)**

Subscriber (employee) name:	SCP family ID#: xxxxxxxx
Subscriber's employer:	

**B. CERTIFICATE OF CREDITABLE COVERAGE REQUEST**

Complete for each individual for whom a Certificate of Creditable Coverage is being requested

Name	Relationship to Subscriber	Mailing Address	Telephone Number
1.			
2.			
3.			
4.			
5.			

**D. SIGNATURE**

Signature of Subscriber/Dependent: \_\_\_\_\_

Date: \_\_\_\_\_

**If someone other than the Subscriber or Dependent of the Subscriber is making the request, please provide the following:**

Name of authorized requester: \_\_\_\_\_

Evidence of this person's authority to request and receive this information: \_\_\_\_\_

Address to where certificate is to be mailed (if different from above): \_\_\_\_\_

Signature of authorized requester: \_\_\_\_\_

Date: \_\_\_\_\_