

## OH HIGH RISK POOL APPLICATION CHECKLIST

**Name:**

**Birthdate:**

**Address:**

**County:**

**SS#:**

**Email:**

**Smoker? Y/N**

**Phone:**

**Last date of Employment:**

1. Power of Attorney or Letter of Guardianship; Social Security Card, Date Married and Date Divorced, if applicable; verification of all healthcare coverage in the last 12 months (front & back of card, dates covered, etc)
2. **Proof of US Citizenship**  
**A copy of one:**  
Birth Certificate  
Passport  
Certificate of citizenship  
Naturalization certificate  
Visa or immigration documents
3. **Proof of Ohio Residency:**  
**A copy of one:**  
Ohio driver's license or state ID  
Payroll stub  
Voter registration card  
Utility bills, rental agreement  
Ohio Income Tax Return
4. Does applicant receive Social Security benefits? If so, when did they start?
5. **Evidence of a Pre Existing Condition**  
**A copy of Either:**
  1. Letters or documents from two carriers verifying each has refused to issue creditable coverage to the individual within the previous six(6) months or would issue coverage only with an exclusionary rider.  
OR
  2. Written certification by a licensed physician or nurse practitioner, issued within the past six(6) months, certifying that the individual has a history of or suffers from a qualifying medical or health condition.  
OR
  3. A completed provider certification form

Send for receipt before the 15<sup>th</sup> of the month to get coverage the following month.  
Approval or denial will be received within 14 days.