CERTIFICATE OF GROUP HEALTH PLAN COVERAGE

IMPORTANT -- This certificate provides evidence of your prior health coverage. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll. This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within the six-month period prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate:

2. Name of group health plan: Texas Annual Conference Group Health Benefits Plan

3. Name of participant:

4. Identification number of participant:

5. Name of any dependents to whom this certificate applies:

6. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:
   LYDIA F. LOPEZ
   5215 SOUTH MAIN
   HOUSTON TX 77002

7. For further information, call: (713) 521-9383 OR (800) 606-0350

8. If the individual(s) identified in Lines 3 and 5 have at least 18 months of creditable coverage (disregarding periods of coverage before a 63-day break), check here: X and skip Lines 9 and 10.

9. Date waiting period or affiliation period (if any) began:

10. Date coverage began:

11. Date coverage ends:

NOTE: Separate certificates will be furnished if information is not identical for the

participants and each beneficiary.