


Carrier	Valid Waivers	Invalid Waivers
<b>Anthem</b> 	<ul style="list-style-type: none"> <li>• Covered by Spouse's/ Domestic Partner's group coverage</li> <li>• Enrolled in other Insurance (Please provide company name and plan)</li> <li>• Spouse/Domestic Partner covered by employer's group medical Coverage</li> <li>• Medicare/Medicaid/VA</li> <li>• Enrolled in Individual Coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Other – please explain</li> <li>• No coverage</li> </ul>
<b>Prominence</b> Health Plan	<ul style="list-style-type: none"> <li>• (Must provide copy of Medical ID for other coverage)</li> <li>• Covered by spouse/domestic partner's group coverage</li> <li>• Enrolled in other Insurance Carrier Plans</li> <li>• Spouse/Domestic Partner covered by employer's group medical coverage</li> <li>• Spouse/Domestic Partner covered by employer's group dental coverage</li> <li>• Medicare</li> <li>• Covered by TRICARE OR CHAMPVA</li> </ul>	<ul style="list-style-type: none"> <li>• Indian Health Services</li> <li>• Other (explain)</li> </ul>

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information