COBRA ADDRESS NOTIFICATION FORM

Samaritan Health Plans

If you have dependent(s) whose mailing address is different from yours (dependent child covered by court order, living with an ex-spouse, etc.), or your mailing address changes, you are required to provide us with the proper address so the required notice(s) can be sent. Should you have any questions, please contact Samaritan Health Plans, 2300 NW Walnut Blvd, PO Box M, Corvallis, OR 97339, 541-768-4550, 1-800-832-4580 or TTY 1-800-735-2900.
Thank you for your assistance.

This information must be provided to Samaritan Health Plans: upon commencement of COBRA Continuation Coverage, when there is a change of address, or when a qualifying event occurs.

EMPLOYEE / SUBSCRIBER INFORMATION
Name of Employee / Subscriber: _____ Subscriber ID#: _____ Date of Birth_____ Street address: _____ City: _____ State: _____ Zip: _____
COVERED DEPENDENT ADDRESS INFORMATION
Name of covered dependent: _____ Name of guardian: _____ Date of Birth_____ Street address: _____ City: _____ State: _____ Zip: _____
COVERED DEPENDENT ADDRESSS INFORMATION
Name of covered dependent: _____ Name of guardian: _____ Date of Birth_____ Street address: _____ City: _____ State: _____ Zip: _____
COVERED DEPENDENT ADDRESSS INFORMATION
Name of covered dependent: _____ Name of guardian: _____ Date of Birth_____ Street address: _____ City: _____ State: _____ Zip: _____
COVERED DEPENDENT ADDRESSS INFORMATION
Name of covered dependent: _____ Name of guardian: _____ Date of Birth_____ Street address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Today's Date: _____