# COBRA QUALIFYING EVENT OR EXTENSION NOTIFICATION

Samaritan Health Plans

This form is to be completed by a covered employee, spouse, or dependent to report certain events to Samaritan Health Plans, as required under provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Failure to complete and submit this form with the required documentation in a timely manner will result in a loss of health insurance continuation coverage rights. If you have any questions as to the purpose of this form or how to complete the form, contact Samaritan Health Plans (SHP) at: 541-768-4550, 1-800-832-4580 or TTY 1-800-735-2900.

INSTRUCTIONS

Step 1: Completely fill out the information below.
Step 2: Attach required documentation.
Step 3: Copy this form and documentation for your records.
Step 4: Mail or hand-deliver all information to the address below.
Step 5: Call SHP Customer Service within 10 days to ensure the form has been received.

Please send or hand-deliver this form and all required documentation to:

Samaritan Health Plans
2300 NW Walnut Blvd; PO Box M; Corvallis, OR 97339
541-768-4450; 1-800-832-4580 or TTY 1-800-735-2900

## EMPLOYEE/MEMBER INFORMATION

Name of Company: Samaritan Health Services Subscriber ID: _____

Name of Subscriber: _____ Subscriber Date of Birth: _____

## MEMBERS AFFECTED BY EVENT AND CURRENT ADDRESS(ES)

_____
Name and Relationship to Subscriber Address

_____
Name and Relationship to Subscriber Address

_____
Name and Relationship to Subscriber Address

_____
Name and Relationship to Subscriber Address

_____
Name and Relationship to Subscriber Address

## QUALIFYING EVENTS

INSTRUCTIONS:

- If not currently on COBRA, please check box: ☐

☐ Divorce/Legal Separation Date of Event: _____

Attach a copy of the signed divorce decree or legal separation. This form and a decree or evidence must be mailed (postmarked) within 60 days of the date of the event or from the plan loss of coverage date, whichever date is later.

☐ Child Ceasing to be an Eligible Dependent Under the Plan Date of Event: _____

- ☐ Child attained age 26
- ☐ other (explain) _____

This form must be mailed (postmarked) within 60 days of the date of the event or from the plan loss of coverage date, whichever date is later.

☐ Death of Employee Date of Event: _____

This form and death certificate must be mailed (postmarked) within 60 days of the date of the second event; otherwise, extended continuation coverage rights will be lost.

☐ Covered Employee Entitled to Medicare Effective Date of Medicare Entitlement: _____

This form must be mailed (postmarked) within 60 days from the latest date of: Medicare entitlement, loss of group health coverage, receipt of SCP Member Handbook or COBRA General Notice. Provide a copy of the Medicare card.

## OTHER EVENTS AFFECTING COBRA CONTINUATION COVERAGE

INSTRUCTIONS:

- If not currently on COBRA, please check box: ☐

☐ New Dependent(s) Date of Event: _____

Attach a copy of document providing date and name(s) for Birth, Adoption and/or Marriage. Submit within 30 days of event.

☐ Social Security Administration (SSA) Disability Date of SSA Disability: _____

Attach a copy of the SSA disability determination. Submit within 60 days from the latest of the following: date of SSA disability determination, date of qualifying event, date of loss of coverage, or date received Member Handbook.

☐ Ceasing to be Social Security Disabled Date of Event: _____

If the Social Security Administration determines that you are no longer disabled, you must notify the Plan Administrator within 30 days of this SSA determination. Attach a copy of the SSA determination.

☐ Other Coverage Effective Date of Coverage: _____

- ☐ You or another member has become covered by another group health plan.

This form must be mailed (postmarked) within 30 days after the other coverage becomes effective or, if later, 30 days after any exclusion under the other plan for a preexisting condition is exhausted or satisfied. If other coverage is Medicare, provide a copy of the member's Medicare card.

Signature: _____ Today's Date: _____