

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., P.O. Box M, Corvallis, OR 97339, 541-768-4550, 800-832-4580 or TTY 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: _____

2300 NW Walnut Blvd. | Corvallis, OR 97330

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