Date form distributed

Effective date

Date election period expires

COBRA continuation election form

20 or more employees

PROVIDENCE Health Plan

If you wish to apply for COBRA Continuation coverage, please complete all sections of this form and return it to your employer before the election period expires.

SECTION 1 QUALIFYING INDIVIDUAL INFORMATION

LAST NAME	FIRST	M.I.	MEMBER ID NO.	GROUP NO.
ADDRESS (STREET, CITY, STATE, ZIP CODE)			SOCIAL SECURITY NO.	DAYTIME PHONE

DATE OF BIRTH	SEX	MARITAL STATUS
	☐ MALE ☐ FEMALE	☐ SINGLE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ WIDOWED

SECTION 2 QUALIFYING EVENT INFORMATION

I am eligible for continuation of medical coverage due to:

- ☐ Termination of employment or reduction in hours
- ☐ Covered employee enrolled in Medicare – Date of event:_____
- ☐ Divorce or legal separation from a covered employee – Date of divorce or legal separation:_____
- ☐ Covered dependent no longer meets eligibility requirements – Date of event:_____
- ☐ Death of a covered employee

Is anyone applying for continuation covered by another group insurance? ☐ Yes ☐ No

If yes, name of insured:_____ Insurance carrier:_____

If you are not the covered employee, give name and member ID number of employee who is primary on the policy:

Name:_____ Member ID No.:_____

SECTION 3 CONTINUATION PREMIUM RATES

After you enroll, each premium payment **must be received by your employer before the first day of each month** for which you wish to continue coverage. A grace period of 30 days will be granted for the payment of each premium. Your coverage will be cancelled if your employer does not receive your premium on time.

	Employee Only	Employee + Family	Employee + Spouse	Employee + Child(ren)
Medical Premium:	$	$	$	$
Medical & Dental Premium:	$	$	$	$

SECTION 4 DEPENDENTS CONTINUING COVERAGE

Please list all dependent family members continuing coverage.

LAST NAME	FIRST	M.I.	DATE OF BIRTH	SEX	RELATIONSHIP	LAST NAME	FIRST	M.I.	DATE OF BIRTH	SEX	RELATIONSHIP

SECTION 5 SIGNATURE OF QUALIFYING INDIVIDUAL

Health information requested or disclosed may be related to treatment or services performed by:

- A physician, dentist, pharmacist or other physical or behavioral health care practitioner;
- A clinic, hospital, long term care or other medical facility;
- Any other institution providing care, treatment, consultation, pharmaceuticals or supplies or;
- An insurance carrier or group health plan.

Health information requested or disclosed may include, but is not limited to: claims records, correspondence, medical records, billing statements, diagnostic imaging reports, laboratory reports, dental records, or hospital records (including nursing records and progress notes). This acknowledgment does not apply to obtaining information regarding Psychotherapy Notes. A separate authorization will be used for this information.

For more information about such uses and disclosures, including uses and disclosures required by law, please refer to the Notice of Privacy Practices. A copy is available at our Internet site at **www.providence.org/healthplans** or by calling Customer Service.

To the best of my knowledge, the above is correct and I understand that if I provide false information, the Health Plan can recover payment(s) made, cancel my membership, and/or refuse to pay claims. In addition, I acknowledge and understand my health plan may request or disclose health information about me or my dependents (persons who are listed for benefits coverage in Section 4 above) from time to time for the purpose of facilitating health care treatment, payment or for the purpose of business operations necessary to administer health care benefits; or as required by law.

SIGNATURE:_____ DATE:_____

NOTIFICATION OF RIGHT TO CONTINUE GROUP HEALTH COVERAGE

QUALIFYING EVENTS AND CONTINUATION PERIOD

The following Qualifying Events entitle otherwise eligible individuals to continue coverage under their employer's group plan for lengths of time listed below. Each qualified beneficiary (employee, spouse, or dependent child) may elect continuation together or separately.

Qualifying Event	Continuation Period
Employee's termination of employment or reduction in hours	Employee, spouse, and children may continue for up to 18 months[1]
Employee's divorce or legal separation	Spouse and children may continue for up to 36 months[2,3]
Employee's eligibility for Medicare benefits	Spouse and children may continue for up to 36 months
Employee's death	Spouse and children may continue for up to 36 months[2,3]
Covered dependent child no longer meets eligibility requirements	Child may continue for up to 36 months[2]

[1] If the employee or a dependent is determined disabled by the Social Security Administration within the first 60 days of COBRA coverage, coverage may be continued for up to 29 months.

[2] The total maximum continuation period is 36 months, even if there is a second qualifying event. A second qualifying event might be a divorce, separation, death, or child no longer qualifying as a dependent after the employee's terrmination or reduction in hours.

[3] If the spouse is 55 years of age or older, the 18-36 month maximum coverage rule does not apply. Continuation coverage will continue until the earliest of the following: the date the employer ceases to provide group health plan coverage for all of its employees; the date you become insured under another group health plan that does not exclude or limit your treatment of pre-existing conditions (whether by re-marriage or not); the date you become eligible for Medicare; or the date you no longer qualify for such coverage in accordance with federal COBRA regulations. **Note:** This extended benefit only applies to spouses & dependent children covered by employer groups domiciled in Oregon.

WHEN COVERAGE ENDS

Your continuation coverage will end before the end of the continuation period listed above if any of the following occurs:

- Your continuation premium is not paid on time;
- You become covered under another group health plan that does not exclude or limit treatment for your pre-existing conditions;
- You become entitled to Medicare benefits;
- Your group discontinues its health plan and no longer offers a group health plan to any of its employees; or
- The date you no longer qualify for such coverage in accordance with federal COBRA regulations.

TYPE OF COVERAGE

You may continue any coverage you had before the qualifying event. If your employer provides both medical and dental coverage and you were enrolled in both, you may continue both medical and dental, or medical only. If your employer provides only one type of coverage, or if you were enrolled in only one type of coverage, you may continue only that coverage.

Your employer has the right to change the benefits of its health plan or eliminate the plane entirely. If that happens, any changes to the group health plan will also apply to everyone enrolled in continuation coverage.

ENROLLMENT DEADLINE

To continue coverage, this form must be returned to your employer within 60 days after your last day of coverage under the group policy, or the date your election period expires, whichever is later. If your continuation election form is not returned by the deadline, your coverage will end on the last day you were eligible under the group health policy.

DEPENDENT COVERAGE

To continue coverage for your eligible dependents, you must list your family members in Section 4 on the reverse side of this form. If your dependents were not covered prior to the qualifying event, they may enroll now or later, depending subject to the same rules that apply to active employees (including late enrollee provisions).

PREMIUM PAYMENTS FOR CONTINUED COVERAGE

The cost of continuation coverage is your responsibility. **You must pay your premium to the employer before the first day of each month for which you want coverage.** Your employer will include your continuation premium with the group's monthly payment to PHP. PHP cannot accept premium directly from you. If your premium is not paid on time, your coverage will end. If your coverage is cancelled due to a missed payment, it will not be reinstated for any reason. Premium rates are established annually and may be adjusted if the plan's benefits or costs change.