

Blue Shield of California and Blue Shield of California Life & Health Insurance Company

Employee information

Form fields for Employee information: Last name, First name, MI, Social Security number, Blue Shield ID number, Group/section No., Date of qualifying event, COBRA effective date, Last date worked.

Qualifying event (check one)

- Termination or reduction in covered employee's hours
Divorce or legal separation of the covered employee
Entitlement to Medicare benefits by covered employee
Disqualification of dependent child under the plan
Termination or reduction of hours due to disability
Death of covered employee

The covered member who qualifies for COBRA must complete this section:

Form fields for covered member: Social Security number, Blue Shield ID number, Last name, First name, MI, Address, City, State, ZIP code, Phone number, Date of birth, Sex, Married.

If HMO/POS, please indicate your Personal Physician name:

Form fields for HMO/POS: IPA/Medical Group name, Phone number

Please indicate the existing coverage you wish to continue:

- Medical Plan Election, Dental Plan Election, Vision

Signature of qualifying member and Date

List below all dependents eligible for coverage

Only those dependents previously enrolled on the group plan are eligible for coverage under COBRA. To add dependents not previously enrolled on your coverage under the group plan, please see your Evidence of Coverage (EOC) or Certificate of Insurance (COI) booklet for the appropriate provisions.

Form fields for dependents: Relation, Last name, First name, Date of birth, Other health coverage, If HMO/POS physician name, IPA/MG name/number, Social Security number.

Please return completed form to the appropriate address below based upon the group's size:

For employer groups with less than 50 employees:

Mail completed form to: Blue Shield of California, P.O. Box 3008, Lodi, CA 95241-1912, Fax: (209) 367-6475

For employer groups with more than 50 employees:

Mail completed form to: Blue Shield of California, P.O. Box 629014, El Dorado Hills, CA 95762-9014, Fax: (916) 350-8800