

Ceridian COBRA continuation services waiver

To be completed by the group benefits administrator

Group name _____

Group number _____

Contract date _____

Some Blue Shield plans are underwritten by Blue Shield of California Life and Health Insurance Company.

California Physicians' Service Inc., dba Blue Shield of California (Blue Shield), and the above-named group entered into a Group Health Service Contract on the date shown above. Group acknowledges it is an employer subject to the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and as such has been offered and has rejected the opportunity to use Ceridian to administer COBRA for qualified beneficiaries covered by Blue Shield of California. Group desires to perform or make its own arrangements for the performance of its administrative duties to comply with COBRA and will not depend upon Blue Shield in any respect in performing its administrative duties under COBRA.

Blue Shield agrees to comply with any properly documented requests for continuation coverage under COBRA when requests are supplied in a timely manner by Group. Proper documentation includes proof that the employee timely accepted COBRA pursuant to federal regulations.

Blue Shield of California

Group

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Submit to:

Blue Shield of California

Attn: Ceridian Liaison

P.O. Box 629014

El Dorado Hills, CA 95762-9009

Fax: (916) 350-2855