

# COBRA Participant Cancellation Notification

<b>Company Name</b> <input style="width: 95%; height: 20px;" type="text"/>	<b>CaliforniaChoice Group #</b> <input style="width: 95%; height: 20px;" type="text"/>
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**Complete this section for COBRA cancellations. If the participant being listed for cancellation is the primary insured, then all covered dependents will also be cancelled, unless a separate election is made. The "Date of Cancellation" should be listed as the last day of coverage for each participant. (The last day of coverage can only be the last day of any given month.)**

<b>1</b> Participant Last Name	Participant First Name
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Participant Social Security Number	Date of Cancellation
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	(mo/day/year)
Reason:	
<input type="radio"/> Voluntary cancellation	<input type="radio"/> Deceased
<input type="radio"/> Non-payment of premiums	<input type="radio"/> End of COBRA

<b>2</b> Participant Last Name	Participant First Name
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Participant Social Security Number	Date of Cancellation
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	(mo/day/year)
Reason:	
<input type="radio"/> Voluntary cancellation	<input type="radio"/> Deceased
<input type="radio"/> Non-payment of premiums	<input type="radio"/> End of COBRA

<b>3</b> Participant Last Name	Participant First Name
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Participant Social Security Number	Date of Cancellation
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	(mo/day/year)
Reason:	
<input type="radio"/> Voluntary cancellation	<input type="radio"/> Deceased
<input type="radio"/> Non-payment of premiums	<input type="radio"/> End of COBRA

<b>4</b> Participant Last Name	Participant First Name
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Participant Social Security Number	Date of Cancellation
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
	(mo/day/year)
Reason:	
<input type="radio"/> Voluntary cancellation	<input type="radio"/> Deceased
<input type="radio"/> Non-payment of premiums	<input type="radio"/> End of COBRA

**Form must be signed & dated**

Group Plan Administrator Signature

Print Name

Date

**General Guidelines**

- Notification must be received within 30 days of an event unless otherwise provided for by law.
- CaliforniaChoice<sup>®</sup> will only give retroactive credit if notification was received within the guidelines provided.
- Dependent qualifying events should be submitted on a Dependent Qualifying Event form and will be effective at the end of the month following the event provided written notification is given within 60 days.

**This document may be faxed or mailed to CaliforniaChoice<sup>®</sup>**