



ACCOUNT TRANSMITTAL AND COBRA NOTIFICATION REPORT

ACCOUNT NAME			ACCOUNT NUMBER	SUBMITTED BY:	PHONE NUMBER:	DATE SUBMITTED: / /	NUMBER OF APPLICATIONS SUBMITTED:	PAGE ____ OF ____		
PLEASE CHECK ONE BOX			FIRST INITIAL AND LAST NAME ONLY	EFFECTIVE DATE Month / Day / Year	IDENTIFICATION NUMBER	CANCEL REASON CODE	COMMENTS If Highmark DE is COBRA administrator, include any separate spousal address. Include most recent Home Address for "Cancellations".		Check appropriate column for COBRA administrator notification	
									Please send:	
Add	Change	Cancel							Initial Notice	QE Notice
			1.	/ /						
			2.	/ /						
			3.	/ /						
			4.	/ /						
			5.	/ /						
			6.	/ /						
			7.	/ /						
			8.	/ /						
			9.	/ /						
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			11.	/ /						
			12.	/ /						
			13.	/ /						
			14.	/ /						
			15.	/ /						

Cancellation Reason Codes: **CR** = Customer Request **D** = Deceased **DC** = Duplicate Coverage **LE** = Left Employment Page Subtotal or
 M = Marriage **MS** = Military Leave **OP** = Transferred to other BCBS Co. Total Amount Due \$_____

This form serves as a record of **applications and cancellations** for your account. Complete an *Application for Coverage* form for any additions or changes in coverage. Send the completed original of this report with the accompanying applications. Retain a copy for your file. Mail this report as changes occur and **before the effective date to:**

Underwriting Department
 Highmark Blue Cross Blue Shield Delaware
 P.O. Box 8868
 Wilmington, DE 19899-8868

"As an authorized representative of the Company named below, I certify that all persons listed above are employees of the company as of this date, and that they and any enrolled dependents are eligible for coverage pursuant to the underwriting guidelines of Highmark Blue Cross Blue Shield Delaware."

 Signature of Authorized Representative of the Company—**Not Valid Unless Signed**

 Name of Authorized Representative of the Company—**Please Type or Print**