



DELAWARE MINI-COBRA NOTIFICATION

INSTRUCTIONS

This form, along with a newly completed Highmark Blue Cross Blue Shield Delaware (Highmark DE) Member Enrollment Application, serves as record of a qualifying Delaware Mini-COBRA event and application for coverage. Send the completed original of this form to Highmark DE with the newly completed Highmark DE Member Enrollment Application. Please retain a copy for your file.

Account Name	Account Number	Employee Name (First Name/ Last Name)	Employee Highmark DE ID Number
--------------	----------------	---------------------------------------	--------------------------------

QUALIFYING EVENT (QE)

Please check one

- | | |
|--|---|
| <input type="checkbox"/> Left employment
<input type="checkbox"/> Reduction of hours of employment
<input type="checkbox"/> Death of covered employee
<input type="checkbox"/> Over-age dependent
<input type="checkbox"/> Covered employee becomes entitled to Medicare | <input type="checkbox"/> Divorce of the covered employee from an eligible dependent
<input type="checkbox"/> Legal separation under applicable state law, of the covered employee from an eligible dependent
<input type="checkbox"/> Loss of retiree medical coverage due to former employer's Chapter 11 bankruptcy (including substantial elimination of retiree medical coverage for an eligible dependent within one (1) year before or after the date of commencement of the Chapter 11 proceeding) |
|--|---|

QE Date	Date QE Notice Provided to Applicant
---------	--------------------------------------

ELIGIBILITY CHECKLIST

Please ensure the following eligibility requirements are met prior to submission.

- ✓ Covered employee and/or eligible dependent [**otherwise known as Qualified Beneficiary (QB)**] had been continuously insured under your Account for the three (3) month period prior to the QE.
- ✓ QB applied and paid for coverage within 60 days of Mini-COBRA QE.
- ✓ Highmark DE is notified of cancellation of coverage due to nonpayment of premium or loss of eligibility under the Mini-COBRA law, by the last day of the month following the requested cancellation effective date. **EXAMPLE:** If cancellation is requested as of September 1, 2012, Highmark DE must be notified by October 31, 2012.
- ✓ The following eligibility requirements must be met: (1)The QB is not covered under, or eligible for coverage under, Medicare; (2) Account has verified that: (a) The QB is ineligible for employer-based group health insurance as an eligible dependent; and/or (b) The QB is not, or could not, be covered by any other insured or uninsured arrangement which provides hospital, surgical or major medical coverage for individuals in a group and under which the QB was not covered immediately prior to such termination, excluding the medical assistance program established under Delaware Code.

Send this form along with a newly completed Highmark DE Member Enrollment Application and Account Transmittal to:

Highmark Blue Cross Blue Shield Delaware
 Enrollment Services Department
 P.O. Box 8868
 Wilmington, De 19899-8868

Via email to : Enrollserv@highmarkbcbsde.com
 Via facsimile to: 877-736-5708

As an authorized representative of the Company named above, I certify that the person(s) listed on the attached application meet the eligibility requirements for coverage under Delaware Mini-COBRA.

 Signature of Authorized Representative of the Company Date

 Submitted by (Print Name) Phone Number Email Address