

COBRA Election Form

Qualifying Event Information		
University of Washington Graduate of Appointee Insurance Program – GAIP COBRA	Insurance Carrier(s) LifeWise Assurance Company	Group Number(s) 9000032
Event Causing Loss of Coverage (Qualifying Event)		
<input type="checkbox"/> Termination of appointment <input type="checkbox"/> Leave of absence <input type="checkbox"/> Disability <input type="checkbox"/> Divorce/legal separation <input type="checkbox"/> Military leave <input type="checkbox"/> Death of student <input type="checkbox"/> Reduction of hours <input type="checkbox"/> Loss of dependent coverage due to age <input type="checkbox"/> Other (describe)		

Qualified Beneficiary Information (All fields are required)			
Complete the following for every member covered, before the qualifying event and indicate if they will continue healthcare coverage. Any currently covered eligible family member not enrolled for continued coverage on this application may not be added later.			
Email:		Phone Number:	
Mailing Address:			
Name (Last, First, MI)	Social Security Number	Birthdate (MM/DD/YYYY)	Enroll?
Student			Y N
Spouse			Y N
Dependent			Y N
Dependent			Y N
Dependent			Y N

Other Coverage Information		
Is any enrollee applying also covered by another group healthcare program?	Y	N
If Yes, name the enrollees and indicate when the other coverage began:		
Name: _____	Date: _____	
Name: _____	Date: _____	
Is any enrollee applying also covered under Medicare?	Y	N
If Yes, name the enrollees and indicate when Medicare coverage began:		
Name: _____	Date: _____	
Name: _____	Date: _____	
Initial Payment		
Check enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of premium enclosed: \$ _____	
Make check payable to: LifeWise Administrators – PO Box 743979 Los Angeles, CA 90074-3979		
You have 45 days from the date of election to submit your entire initial payment. This first payment must include all premiums due from the day group coverage is needed. Thereafter, payments are due on the first day of each month.		
Signature		
I understand if the GAIP-sponsored health plan is discontinued, coverage will cease. If GAIP transfers the active group members to a different carrier's coverage, my coverage will transfer to the new carrier. I understand in certain instances when applicable, I may be eligible for a total of 29 months of coverage if I'm disabled (as defined by the Social Security Administration) at the time of the qualifying event. I understand it's my responsibility to contact my Administrator for further information regarding the disability legislation. I understand that my COBRA ceases on the date I'm entitled to (that is, actually covered by) Medicare. I understand that the COBRA will be cancelled if premiums are not paid by the due date or mandated 30-day grace period. I understand that once all coverage plans have cancelled, coverage may not be reinstated.		
Qualified Beneficiary Signature	Date	
Spouse Signature (required if declining coverage)	Date	

Notice of availability and nondiscrimination 800-421-3531 | TTY: 711

Call for free language assistance services and appropriate auxiliary aids and services.

Llame para obtener servicios gratuitos de asistencia lingüística, y ayudas y servicios auxiliares apropiados.

呼吁提供免费的语言援助服务和适当的辅助设备及服务。

呼籲提供免費的語言援助服務和適當的輔助設備及服務。

Gọi cho các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hỗ trợ và dịch vụ phụ trợ thích hợp.

무료 언어 지원 서비스와 적절한 보조 도구 및 서비스를 신청하십시오.

Звоните для получения бесплатных услуг по переводу и других вспомогательных средств и услуг.

Tumawag para sa mga libreng serbisyo ng tulong sa wika at angkop na mga karagdagang tulong at serbisyo.

Звертайте за безкоштовною мовною підтримкою та відповідними додатковими послугами.

សូមហៅទូរសព្ទទៅសេវាជំនួយភាសាដោយឥតគិតថ្លៃ ព្រមទាំងសេវាកម្ម និងជំនួយចាំបាច់ដែលសមរម្យផ្សេងៗ។

無料言語支援サービスと適切な補助器具及びサービスをお求めください。

ለነፃ የቋንቋ እርዳታ አገልግሎቶች እና ተገቢ ድጋፍ ሰጪ አጋዥ ማሳሰቢያዎችን እና አገልግሎቶችን ለማግኘት በስልክ ቁጥር

Tajaajiloota deeggarsa afaan bilisaa fi gargaarsaa fi tajaajiloota barbaachisaa ta'an argachuuf bilbilaa.

ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਉਚਿਤ ਸਹਾਇਕ ਚੀਜ਼ਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਵਾਸਤੇ ਕਾਲ ਕਰੋ।

Fordern Sie kostenlose Sprachunterstützungsdienste und geeignete Hilfsmittel und Dienstleistungen an.

ໂທເພື່ອຮັບການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ແລະ ການບໍລິການ ແລະ ການຊ່ວຍເຫຼືອພິເສດທີ່ເໝາະສົມແບບບໍ່ເສຍຄ່າ.

Rele pou w jwenn sèvis asistans lengwistik gratis ak èd epi sèvis oksilyè ki apwopriye.

Appelez pour obtenir des services gratuits d'assistance linguistique et des aides et services auxiliaires appropriés.

Zadzwoń, aby uzyskać bezpłatną pomoc językową oraz odpowiednie wsparcie i usługi pomocnicze.

Ligue para serviços gratuitos de assistência linguística e auxiliares e serviços auxiliares adequados.

Chiama per i servizi di assistenza linguistica gratuiti e per gli ausili e i servizi ausiliari appropriati.

اتصل للحصول على خدمات المساعدة اللغوية المجانية والمساعدات والخدمات المناسبة.

برای خدمات کمک زبانی رایگان و کمک‌ها و خدمات امدادی مقتضی، تماس بگیرید.

Discrimination is against the law. LifeWise Administrators (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes.

LifeWise does not exclude people or treat them less favorably because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. LifeWise provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, TTY: 711, Fax: 425-918-5592, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at

<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

