



**BlueCross BlueShield  
of Louisiana**

An independent licensee of the Blue Cross and Blue Shield Association.

Post Office Box 98029  
Baton Rouge, Louisiana 70898-9029

**CONTINUATION OF  
COVERAGE UNDER COBRA  
OR STATE GROUP**

01 \_\_\_\_\_ 02 \_\_\_\_\_ 03 \_\_\_\_\_ 04 \_\_\_\_\_

**THIS FORM IS TO BE COMPLETED BY THE EMPLOYER AND RETURNED TO:**

Blue Cross and Blue Shield of Louisiana  
Attn: Membership and Billing Department  
P.O. Box 98029  
Baton Rouge, LA 70898-9029

For COBRA Continuation a completed and signed application for the **continuing** spouse or child must be returned to us along with this continuation of coverage form. An application is not necessary for employees continuing because of termination of employment or reduction in hours.

For State Continuation, an application for the surviving spouse must be completed, signed, dated and returned with the Continuation of Coverage form within 90 days of the employee's death. The Guidelines for State Continuation are on the other side of this form.

EMPLOYER INFORMATION			
NAME OF GROUP			GROUP POLICY NO.
ADDRESS	CITY	STATE	ZIP CODE

**REASON(S) FOR GROUP COVERAGE ENDING**

- death of the covered employee
- termination of employment of the covered employee (other than by reason of the employee's gross misconduct) or reduction in hours
- the divorce or legal separation of the covered employee from the employee's spouse
- the covered employee's commencement of Medicare coverage
- the end of dependent child coverage under the terms of the plan
- employee leaving employment due to disability

NAME OF CONTINUING EMPLOYEE, SPOUSE OR CHILD		SOCIAL SECURITY NUMBER	
RELATIONSHIP OF CONTINUING PERSON TO EMPLOYEE		DATE OF BIRTH	
EMPLOYEE NAME		DATE GROUP COVERAGE ENDED	
EMPLOYEE'S ADDRESS	CITY	STATE	ZIP CODE
DATE OF EMPLOYEES DEATH, IF APPLICABLE		CONTRACT NUMBER	

I hereby waive my right for COBRA continuation of coverage under this plan.

_____	_____
EMPLOYEE/DEPENDENT(S) SIGNATURE	DATE
_____	_____
EMPLOYER SIGNATURE	DATE

## GUIDELINES FOR STATE CONTINUATION OF GROUP COVERAGE

- I. Upon the Employee's death, a surviving spouse covered as Dependent, who is 50 years of age and older has 90 days:
  - of continued coverage for himself/herself, and if already covered, for his/her Dependent children;
  - to elect to further continue that same coverage, on a premium-paying basis without a physical exam.
- II. If the continuation is not chosen, insurance coverage ceases at the end of the 90-day period. If the continuation is chosen:
  - coverage is effective retroactive to the date the Employee's insurance terminated; and
  - premium is due from the surviving spouse from the last date for which the premium has been paid.

Premium will not exceed the premium assessed for each Employee by class of coverage under the group Contract.

- III. The Employer will be responsible:
  - for notifying the surviving spouse of the right to continue; and
  - for billing and collection of premium.

However, if Blue Cross and Blue Shield of Louisiana has been furnished with the home address of the surviving spouse at the time of the employee's death and has been notified in a manner acceptable to it of the death of the Employee by the Employer, Blue Cross and Blue Shield of Louisiana will notify the surviving spouse of the right to continue.

- IV. Coverage continued on a premium paying bases terminates on the earliest of:
  - the date the premium is not paid;
  - the date the surviving spouse or Dependent children become eligible for Medicare;
  - the date the surviving spouse or Dependent children become eligible for coverage on another group health plan;
  - the date the surviving spouse remarries, or dies;
  - the date the group Contract ends; or
  - the date the Dependent child is no longer eligible.

- V. If the surviving spouse has continued coverage under both an individual policy; and the group Contract:

Blue Cross and Blue Shield of Louisiana will pay benefits under either the individual conversion policy or the group Contract, but not both. Benefits under the group Contract will be paid upon surrender of the individual policy with no claim, other than a return of premium less any debt. If the individual policy is not surrendered, benefits will be paid under it but not under the group Contract.