

PARTICIPANT NOTIFICATION

Keep this form. If you are approved for COBRA premium assistance, you must notify your former employer and your plan if you become eligible for other group health plan coverage or Medicare and therefore become ineligible for reduced premiums under ARRA. To notify your former employer and plan, complete and submit this form.

Failure to provide this notice may subject you to a tax penalty.

Section A: PERSONAL INFORMATION	
Name (First Name, Middle Initial, Last Name)	Employee's Social Security Number
Mailing Address	Telephone Number
Section B: PREMIUM REDUCTION INELIGIBILITY INFORMATION (Check one)	
I am eligible for coverage under another group health plan. If any dependents are also eligible, list their names below. Insert date you become eligible _____	<input type="checkbox"/>
I am eligible for Medicare. Insert date you become eligible _____	<input type="checkbox"/>
IMPORTANT If you fail to notify your plan of becoming eligible for other group health plan coverage or Medicare AND continue to pay reduced COBRA premiums you could be subject to a fine of 110% of the amount of the premium reduction. Eligibility is determined regardless of whether you take or decline the other coverage. However, eligibility for coverage does not include any time spent in a waiting period.	
Section C: SIGNATURE	
To the best of my knowledge and belief all of the answers I have provided on this Form are true and correct.	
Signature _____	Date _____
Type or print name _____	
Section D: DEPENDENT INFORMATION	
If you are eligible for coverage under another group health plan and that plan covers dependents you must also list their names here:	
_____	_____
_____	_____
_____	_____

**Return to Your Employer's Benefits Office
AND
To Your Health Plan (and Dental or Vision Plan, if applicable)**

HOW TO CONTACT BENEFIT PLANS

Anthem BCBS
P.O. Box 34210
Louisville, KY 40233-4210
Tele: (800) 490-6201

Anthem DentalBlue
P.O. Box 9274
Oxnard, CA 93031-9274
Tele: (866) 589-0582

Arise Health Plan
P.O. Box 11625
Green Bay, WI 54307-1625
Tele: (920) 490-6900
(888) 711-1444
Fax: (920) 490-6942

Dean Health Plan
1277 Deming Way
Madison, WI 53717
Tele: (608) 828-1301
(800) 279-1301
Fax: (608) 827-4212

The EPIC Life Insurance Company
P.O. Box 8430
Madison, Wisconsin, 53708-8430
Tele: (800) 520-5750
Fax: 608-223-2159

Group Health Cooperative of
Eau Claire (GHC-EC)
P.O. Box 3217
Eau Claire, WI 54702
Tele: (715) 552-4300
(888) 203-7770
Fax: (715) 552-3500

Group Health Cooperative of South
Central Wisconsin (GHC-SCW)
1265 John Q. Hammons Dr.
P.O. Box 44971
Madison, WI 53744-4971
Tele: (608) 828-4853
(800) 605-4327
Fax: (608) 662-4186

Gundersen Lutheran Health Plan
1836 South Ave.
LaCrosse, WI 54601
Tele: (608) 775-8007
(800) 897-1923
Fax: (608) 775-8042

HealthPartners Health Plan
P.O. Box Box 1309
Minneapolis, MN 55440-1309
Tele: (952) 883-5000
(800) 883-2177
Fax: (952) 883-5666

Health Tradition Health Plan
P.O. Box 188
La Crosse, WI 54602-0188
Tele: (608) 781-9692
(888) 459-3020
Fax: (608) 781-9653

Humana
N19 W24133 Riverwood Dr. #300
Waukesha, WI 53188
Tele: (800) 448-6262

Medical Associates Health Plan
1605 Associates Dr., Suite 101
P.O. Box 5002
Dubuque, IA 52004-5002
Tele: (563) 556-8070
(800) 747-8900
Fax: (563) 556-5134

MercyCare Health Plan
3430 Palmer Dr.
P.O. Box 2770
Janesville, WI 53547-2770
Tele: (608) 752-3431
(800) 752-3431
Fax: (608) 752-3751

Navitus Health Solutions
5 Innovation Court Ste B
Appleton, WI 54914
Tele: (866) 333-2757
Fax: (920) 831-1930

Network Health Plan
1570 Midway Place
P.O. Box 120
Menasha, WI 54952
Tele: (920) 720-1300
(800) 826-0940
Fax: (920) 720-1900

OptumHealth Vision Insurance
Tele: (800) 638-3120

Physician Plus Insurance Corp.
P.O. Box 2078
Madison, WI 53701-2078
Tele: (608) 282-8900
(800) 545-5015
Fax: (608) 258-1902

Security Health Plan of Wisconsin
1515 Saint Joseph Ave.
P.O. Box 8000
Marshfield, WI 54449-8000
Tele: (800) 472-2363
(715) 221-9555
Fax: (715) 221-9500

Standard Plans and SMP
WPS Health Insurance
1717 W. Broadway
P.O. Box 8190
Madison, WI 53707-8190
Tele: (800) 634-6448
Fax: (608) 243-6139

UnitedHealthcare of Wisconsin, Inc.
P.O. Box 13187
3100 AMS Blvd.
Green Bay, WI 54307-3187
Tele: (800) 357-0974
Fax: (920) 662-8349

Unity Health Insurance
840 Carolina Street
Sauk City, WI 53583-1374
Tele: (800) 362-3310
Fax: (608) 643-2564

VSP Vision Service Plan
P.O. Box 997100
Sacramento, CA 95899-7100
Tele: (800) 400-4569
Fax: (916) 463-9031

WPS Metro Choice
1717 W Broadway
PO Box 8190
Madison, WI 53707-8190
Tele: (800) 634-6448
Fax: (608) 243-6139