

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

Processing of COBRA: Continuation of Coverage Forms

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that certain employers provide employees and their dependents with the opportunity to continue SummaCare coverage under the employer's group contract for a period of months after it would otherwise terminate, provided that the employee pays the full cost of such coverage. See your Certificate of Insurance (PPO plans) for a complete description of the COBRA law.

How to enroll a terminated employee under COBRA:

Employee

1. Mail or fax a completed **NEW** Enrollment Application (see sample in section 4) and Continuation Form.
2. If faxing Enrollment Application please mail in the original.

Dependent

1. Mail or fax a completed Change Form (see sample in section 4) to SummaCare to cancel the dependent's coverage under the employee.
2. Mail or fax a completed Enrollment Application and Continuation Form filled out by the member.
3. If faxing Change Form or Enrollment Application and or Continuation Form please mail in the original.

Mailing Address:

SummaCare
ATTN: Eligibility
P.O. Box 3620
Akron, OH 44309-3620

Fax Number:

330-996-8953

For groups which are COBRA eligible, SummaCare has partnered with Ceridian to provide services to our clients in regard to COBRA. For more information, please contact your Account Manager.