

Extended Continuation Election Accident, Critical Illness, Hospital Indemnity

You can continue your Accident, Critical Illness, and/or Hospital Indemnity coverage when you leave your employer.

To keep your Accident, Critical Illness, and/or Hospital Indemnity coverage under extended continuation, fill out the attached application and return it to Anthem. We must receive your application within 31 days of your last day worked.

How much will it cost?

You'll pay the same rate for Accident and/or Hospital Indemnity that you paid through payroll deduction with your employer.

You'll pay the same rate for Critical Illness that you paid through payroll deduction with your employer but the Critical Illness rate is based on your age. When you move into a new rate bracket due to your age, your rate will change.

Call us at 1-844-639-0947 to find out how much your monthly premium will be to continue your coverage.

You'll get a bill each month for your continued coverage. You need to mail a check for your full premium amount shown on the bill and the payment coupon to Anthem every month, to the address shown on the payment coupon. If we do not receive premium within 31 days from the due date, your coverage will end and cannot be reinstated.

How long can I continue my coverage?

You can continue Critical Illness coverage and Accident coverage as long as your prior employer continues their Anthem plan, or until you reach age 85, whichever comes first. If your prior employer terminates their Anthem plan, your coverage ends when the Anthem plan ends.

You can continue your Hospital Indemnity coverage as long as your prior employer continues their Anthem plan, or until you reach age 85, or for three years, whichever comes first. If your prior employer terminates their Anthem plan, your coverage ends when the Anthem plan ends.

Can I continue coverage for my covered family members?

You can only continue coverage for your family members who you cover under your plan only if you elect to extend your own coverage. Family members' coverage can't be continued without also continuing your own coverage.

Your Certificate of Coverage

Keep the Certificate of Coverage your employer gave to you. The same Certificate of Coverage applies to your Extended Continuation coverage.

How can I get more information?

If you have questions about this information or need help filing out the Extended Continuation form, call us at 1-844-639-0947.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este document.

Extended Continuation Election

Use this form to continue your coverage after your employment ends



INSTRUCTIONS

Read and complete all of this form. Please use 4 digits for years.

Section 1: You can obtain this information from your former employer			
Former Employer/Association/Union Name		Group No.	Subsection
Section 2: Elect your extended coverage			
I elect to continue my coverage for: <input type="checkbox"/> Accident <input type="checkbox"/> Critical Illness <input type="checkbox"/> Hospital Indemnity			
Extended coverage is at the same benefit level for you and your dependents as your active coverage.			
Section 3: Your Information			
Last Name		First Name	M.I.
Date of Birth (MM/DD/YYYY)			
Social Security No.	Phone No.	Email Address	
Street Address		City	State
		Zip Code	
Date Employment Terminated (MM/DD/YYYY)		Check here if address or email address updated <input type="checkbox"/>	
Section 4: Premium Information and Payment			
1. To get the premium amount for your extended continuation coverage, call 1-844-639-0947.			
2. Fill in your premium amount here: \$ _____			
3. Mail this Extended Continuation Election form to:			
Anthem Special Operations Unit 8940 Lyra Drive Suite 300 Columbus, OH 43240			
Section 5: Authorization – read carefully before signing			
By signing this application, I agree to the taping or monitoring of any phone calls between Anthem and myself. I certify the Social Security number listed on this application is correct.			
I understand that no extended continuation coverage will be effective unless this Extended Continuation Election form and the full premium required have been submitted in accordance with the terms of the Group Policy. If not, any premium received will be refunded.			
Extended continuation coverage will be effective on the first day following the termination of employment, provided that Anthem receives this completed Extended Continuation Election form within 31 calendar days after my coverage under the Group Policy would otherwise end.			
For extended continuation coverage to remain in effect, I must continue to pay premiums by the first day of each month. Premiums are paid to the address shown on the payment coupon sent with the monthly bill. Extended continuation coverage will terminate if premium payments are not received within the 31 day grace period.			
The terms of extended continuation coverage are set forth in the Certificate issued under the Group Policy. The amount of insurance in effect on the date my coverage would otherwise have ended will continue. No further increases to my benefit amount nor changes in amount of coverage will be allowed, nor will I be able to add any optional benefits.			
The information on this form is true and complete to the best of my knowledge.			
Employee Signature x			Date (MM/DD/YYYY)

IMPORTANT ACCIDENT INSURANCE ELIGIBILITY INFORMATION:

The following notice applies to all Accident and Voluntary Accident coverage presented on this form:

ACCIDENT INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT A QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

IMPORTANT CRITICAL ILLNESS INSURANCE ELIGIBILITY INFORMATION:

The following notice(s) apply to all Critical Illness and Voluntary Critical Illness coverage presented on this form:

CRITICAL ILLNESS INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

IMPORTANT HOSPITAL INDEMNITY INSURANCE ELIGIBILITY INFORMATION:

The following notice applies to all Hospital Indemnity and Voluntary Hospital Indemnity coverage presented on this form:

HOSPITAL INDEMNITY INSURANCE IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT A QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

The laws of some states require us to provide you with the following information

California: For your protection California law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in N.H. Rev. Stat. Ann. §638:20.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

General Fraud Warning: Any person who knowingly and with intent to defraud any insurance company, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal penalties.