STATE CONTINUATION REPORT FORM (C610)

Samaritan Health Plans

This form is to be completed by a covered employee, spouse, or dependent to report certain events while covered under state continuation. For questions, please contact us at **541-768-4550,** or toll-free at **1-800-832-4580 (TTY 1-800-735-2900),** Monday through Friday, 8 a.m. to 8 p.m.

INSTRUCTIONS

Step 1: Completely fill out Subscriber Information.
Step 2: Complete additional sections as appropriate to report events. Attach documentation if required.
Step 3: Mail to: **Samaritan Health Plans, PO Box M, Corvallis, OR 97339**

SUBSCRIBER INFORMATION			
Last Name:	First Name:	MI:	Marital Status:
Date of Birth (mm/dd/yyyy): _____ / _____ / _____	Social Security #:	Subscriber ID #:	
Address:		Phone:	

ELIGIBILITY FOR OTHER GROUP HEALTH COVERAGE OR MEDICARE, OR REQUEST TO DROP COVERAGE				
Name	Date of birth (mm/dd/yyyy)	Other Coverage Information *(Fill in only if not dropping continuation coverage)*		Med/Pharm
Self:		❑ Other Group Health Plan ❑ Medicare	Eligibility Date: / /	❑Drop
Spouse:		❑ Other Group Health Plan ❑ Medicare	Eligibility Date: / /	❑Drop
Dependent 1:		❑ Other Group Health Plan ❑ Medicare	Eligibility Date: / /	❑Drop
Dependent 2:		❑ Other Group Health Plan ❑ Medicare	Eligibility Date: / /	❑Drop
Dependent 3:		❑ Other Group Health Plan ❑ Medicare	Eligibility Date: / /	❑Drop
Dependent 4:		❑ Other Group Health Plan ❑ Medicare	Eligibility Date: / /	❑Drop

ADDITION OF NEWBORN OR ADOPTED CHILD TO CONTINUATION COVERAGE	
Please add my new dependent to continuation coverage. I understand this may change my premium amount.	
Event: ❑ Birth ❑ Adoption	Full Name of Child:
Date of Birth (mm/dd/yyyy): _____ /_____ / _____	If applicable, Date of Adoption (mm/dd/yyyy): _____ / _____ / _____
Required: A copy of birth certificate and if applicable, proof of adoption	

STATEMENT AND SIGNATURE		
I (We) agree to changes Samaritan Health Plans will make based on the information provided above.		
Signature:	Print Name:	Date (mm/dd/yyyy):

SAMARITAN HEALTH PLANS USE ONLY	
Date received:	Notes: