EMPLOYEES BENEFITS COUNCIL
120 North Robinson, Suite 1100
Oklahoma City, Oklahoma 73102
405-232-1190 or 1-800-219-8115

HIPAA CERTIFICATE REQUEST FORM

Benefits Coordinator: Use this request form <u>only</u> if the certificate of a terminated employee or their dependents is lost or misplaced. Upon termination of a state employee or any covered dependents, certificates are automatically prepared and mailed to the last known address.

IMPORTANT NOTICE OF YOUR RIGHT TO DOCUMENTATION OF HEALTH COVERAGE

Under the Health Insurance Portability & Accountability Act of 1996 you are entitled to a certificate showing prior health care coverage. You may need to provide other documentation for earlier periods of health care coverage. Check with your new Employer's benefits office to see if your new plan excludes coverage for pre-existing conditions and if you need to provide a certificate or other documentation of your coverage with the State of Oklahoma. You may also request certificates for any of your dependents (including your spouse) who were enrolled under your health coverage with the State of Oklahoma.

To obtain a CERTIFICATE, complete this form and return it to:

Employees Benefits Council
Benefits Department-HIPAA
120 N. Robinson, Suite 1100
Oklahoma City, Oklahoma 73102

For additional information contact: (405) 232-1190

Date: _____ Termination Date: _____

Agency Name: _____ Agcy#/Loc _____

Member Name: _____ Social Security Number: _____

Address: _____

_____

Work Telephone Number _____ Home: _____

Name of dependent: _____ Relationship: _____

Name of dependent: _____ Relationship: _____

Name of dependent: _____ Relationship: _____

Revised July 2006

Print Form with Information | Clear Form