



**EMPLOYEE BENEFITS DEPARTMENT**  
**Human Capital Management**  
**Office of Management and Enterprise Services**  
**2101 N. Lincoln Blvd., Room 560, Oklahoma City, Oklahoma, 73105**  
**405-522-1190 or 1-800-219-8115**

**HIPAA CERTIFICATE REQUEST FORM**

**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 Department  
Benefits Department-HIPAA  
2101 N. Lincoln Blvd., Room 560  
Oklahoma City, Oklahoma, 73105

For additional information contact: (405) 522-1190

Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency#/Location: \_\_\_\_\_

Member Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Home: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_