



Nippon Life Insurance Company  
of America  
P.O. Box 25951  
Shawnee Mission, KS 66225-5951

**COBRA and State  
Continuation of Group Health  
Coverage for Qualified Persons**

Complete this form on all transfer cases that **currently** insure any individual(s) under the COBRA or State Continuation provisions. Note: if the continuation began **after** the effective date of your group plan with Nippon Life Insurance Company of America (Nippon Life Benefits), this form should not be used. Please refer to your Administration Guide for further instructions. Please complete one form per continued individual or family.

Group number \_\_\_\_\_ (Administrative office to complete)

1. Name of employer: \_\_\_\_\_

2. Prior carrier: \_\_\_\_\_

3. Continuee's relationship to employee:      self      spouse      child

4. Continuee's name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Sex:      male      female

5. Reason for Continuation: (check one)

employment termination

disability

reduction in work hours

ex-spouse of employee

surviving dependent(s) of employment

dependent of employee entitled to Medicare

dependent child's age exceeds eligibility

other (explain) \_\_\_\_\_

Are any of the persons listed for continuation currently covered under another group policy or Medicare?

yes      no

6. Date continuation started with prior carrier: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

7. Check coverages continued under the prior carrier:

medical

dental

prescription drugs

vision

8. Benefits were continued for: (check applicable boxes)

employee

spouse

children

Dependent's name

Date of birth

Social security number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: COBRA continuation is not available to a domestic partner or to a domestic partner's dependent child.

9. If State Continuation is applicable; please indicate the state: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_