ROCKY MOUNTAIN HEALTH PLANS®
Good health. That's the plan.

Plans underwritten by Rocky Mountain HMO (RMHMO)
or Rocky Mountain HealthCare Options, Inc. (RMHCO)



# Notice to Rocky Mountain Health Plans of Qualifying Event for Continuation of Coverage

***Complete this form using black ink only.***

## Employee Information

| Employee Name Last | First | MI | Date of Birth / / | Member #: / Social Security # – – |
|---|---|---|---|---|
| Employer Name | | Address | | |
| City | State | Zip | Phone ( ) | |

1. Type of qualifying event: Please check ONE only.

☐ Termination of employment
☐ Divorce or legal separation
☐ Reduction in hours (COBRA only)
☐ Death of employee
☐ Employee's eligibility for Medicare
☐ Retirement
☐ Child - loss of dependent status (COBRA only)
☐ Other

2. Date of qualifying event:

***Names, social security numbers, and current addresses of all Rocky Mountain Health Plans members to be extended continuation of coverage.***

| Name | Employee Social Security # | Address | | | |
|---|---|---|---|---|---|
| | | Street | City | State | Zip |
| Employee | – – | | | | |
| Spouse | | | | | |
| Dependent | | | | | |
| Dependent | | | | | |
| Dependent | | | | | |
| Dependent | | | | | |

Send this form to:

Membership Enrollment
Rocky Mountain Health Plans
PO Box 10600
Grand Junction, CO 81502-5600