

# Request a Certificate of Creditable Coverage

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**PLEASE PRINT CLEARLY**

**\* This information is mandatory.** Form processing may be delayed if fields with an asterisk are not filled out.

Request a Certificate of Creditable Coverage when you are changing insurance carriers and want to prove that you have had continuous coverage. Creditable coverage can reduce or eliminate waiting periods imposed by some health plans.

## Section 1 Account holder information

* First name	M.I.	* Last name		
* Mailing address		* City	* State	* ZIP
* Physical address		* City	* State	* ZIP
* Email address		* Phone number		
* Company name		* Member ID		

**Return the completed form to BenefitHelp Solutions**

**Mail:** BenefitHelp Solutions, P.O. Box 67230, Portland, OR 97268 **Fax:** 503-243-3949 **Email:** bhscobra@benefithelpsolutions.com

**Questions?** Contact BenefitHelp Solutions at 888-387-5440, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.