

Request a Certificate of Creditable Coverage

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PLEASE PRINT CLEARLY

*** This information is mandatory.**

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@benefithelp.com

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