

Individual Services  
P O Box 9041  
OXNARD CA 93031-9041  
(866)297-7647



May 13, 2009

Steven H Shorr  
1027 W 11th #3  
San Pedro CA 90731

Regarding:  
Identification No.:

COMPLETE INFORMATION IS DUE BY: 8/1/9

Dear Applicant:

We would like to take this opportunity to thank you for your submission of the **HIPAA Application/Individual Enrollment Application**.

At this time, we are unable to determine eligibility based on the missing or incomplete information as indicated:

\*Please provide **Certificate(s) of Creditable Coverage** to reflect **18 months** of cumulative coverage. The Certificate of Credible Coverage is a document that contains the beginning and ending dates of prior coverage. Although the Certificate of Creditable Coverage is the easiest way to establish proof of coverage, other documents may also establish creditable coverage.

\*Please provide a copy of your **COBRA expiration letter**. This document is sent 30-60 days prior to COBRA coming to an end. It states when your coverage "will" end. The COBRA expiration letter and Certificate of Creditable Coverage are two (2) separate documents that need to be sent together.

\*Please provide a letter from your prior employer indicating Cal-COBRA cannot be offered because they are **self insured**, or do not have a **contract in the state of California**.

If you are unable to provide any of the above requested information, please contact customer service at 1-866-297-7647 to discuss other options or documents that may be acceptable.

\*Need page 4

As provided by the Health Insurance Portability and Accountability Act

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of 1996 (HIPAA), and as regulated in Part 148 of Title 45 of the Code of Federal Regulations (45 CFR 148), qualification for a HIPAA plan requires the applicant to have at least 18 months of cumulative health coverage through any employer-sponsored group health plan. You may not have any breaks in coverage of more than 63 days. In addition, applicants must accept and exhaust coverage under all COBRA, or other group health plans.

Under California law AB1401, you may be eligible for state mandated continuation of medical coverage (Cal-COBRA) after your federally mandated COBRA period expires. This law allows California residents covered by insurance plans, as well as participants covered under insurance contracts issued in California, to continue coverage for a total of 36 months from the time their COBRA coverage began.

Since the HIPAA application must be received within 63 days from the prior health coverage termination dates, we will honor the initial submission. Please return the missing information, along with this letter, to Anthem Blue Cross, PO Box, 9051, Oxnard, CA 93031, Attn: HIPAA. You may also Fax the information to: 1-805-713-7724.

NOTE: Please be sure to include the applicant's complete Identification Number on all future correspondence. Correspondence received without the Identification Number may result in a delay as we may be unable to identify the account.

If you have any questions about this letter, please call our customer service department at 1-800-333-0912, Monday through Friday from 8:30 a.m. to 7:00 p.m. (PST). The hearing and speech impaired may call our toll-free TTY number 1-877-206-4966.

Sincerely,

Christine Rush  
Individual Services  
HIPAA Representative

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