

COBRA GENERAL NOTICE

Employer's Name: _____ Date of Hire: _____

Employee's Name: _____ DOB: _____

Qualifying Event Type: (Circle Choice)		
1. Termination	5. Ineligible Dependent	9. USERRA
2. Retirement	6. Reduced Hours/FT to PT	10. Loss of Coverage/Reason
3. Termination/Retirement/Medicare	7. Divorce/Separation	
4. Leave of Absence-Family/Medical	8. Death	

Qualifying Event Date: _____ Date Benefit Plan Terminates: _____

Benefits: Medical Dental Vision Flex

*If medical, dental, or vision coverage is with a carrier other than Medical Associates Health Plans and Health Choices (ex: Wellmark, United Healthcare, etc.), please fill out family information and current address below.

Qualifying Beneficiary (QB)	
Last Name:	First Name:
Address:	City, State Zip:
Spouse:	DOB:
Child:	DOB:
Child:	DOB:
Child:	DOB:
Completed by:	Date:

Please return to Preferred Health Choice/Medical Associates Health Plans by email mahpcobraprocessing@mahealthcare.com or fax to 563-584-4760.

For Medical Associates Health Plans/Health Choices Only:

Date Received: ____ / ____ / ____ By: _____



Discrimination is Against the Law

Medical Associates Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Medical Associates Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Medical Associates Health Plans provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats.

Medical Associates Health Plans provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Member Services at 563-584-4885 or 1-866-821-1365.

If you believe that Medical Associates Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Member Services, Address: 1605 Associates Drive Dubuque, IA 52002, Phone: 563-584-4885 or 1-866-821-1365, TTY: 1-800-735-2942, Fax: 563-584-4760, Email: memberservices@mahealthcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Access Services:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-821-1365 (TTY: 1-800-735-2942).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-821-1365 (TTY: 1-800-735-2942)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-821-1365 (TTY: 1-800-735-2942).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-866-821-1365 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-735-2942).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-821-1365 (TTY: 1-800-735-2942).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-390-3872 (رقم هاتف الصم والبكم: 1-800-735-2942).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ແຈ້ງຄ່າ, ແມ່ນມີ

ພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-821-1365 (TTY: 1-800-735-2942).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-821-1365 (TTY: 1-800-735-2942)번으로 전화해 주십시오.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-821-1365 (TTY: 1-800-735-2942) पर कॉल करें।

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-821-1365 (ATS: 1-800-735-2942).

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-821-1365 (TTY: 1-800-735-2942).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาไทยได้ฟรี โทร 1-866-821-1365 (TTY: 1-800-735-2942).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-821-1365 (TTY: 1-800-735-2942).

ဟ်သျှ်ဟ်သး- နမ့ၢ်ကတိၢ် ကညီၣ် ကျိၣ်အလိၣ်, နမ့ၢ်န့ၢ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢ်ဘျုးလၢ်စ့ၢ် နီတံၢ်ဘျုးသ့ၣ်န့ၢ်လီၤ. ကိ: 1-866-390-3872 (TTY: 1-800-735-2942).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-821-1365 (телетайп: 1-800-735-2942).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-821-1365 (TTY: 1-800-735-2942)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-821-1365 (TTY: 1-800-735-2942).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-866-821-1365 (TTY: 1-800-735-2942).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-821-1365 (TTY: 1-800-735-2942).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں۔ 1-866-821-1365 (TTY: 1-800-735-2942).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-821-1365 (TTY: 1-800-735-2942).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-866-821-1365 (TTY: 1-800-735-2942).