

Instructions for Completing This Form

***This form must be completed and sent to WEB-TPA
within 60 days of the Qualifying Event.***

Please complete this form IF:

- ◆ You;
- ◆ your spouse; or
- ◆ one of your Dependents

experience one of the following four qualifying events:

- ◆ Divorce (attach first and last page of divorce decree)
- ◆ Legal Separation (attach first and last page of separation agreement)
- ◆ Child Losing Dependent Status
- ◆ Member Medicare or Medicaid Entitlement (CHIP only)

Qualifying Event

Please check the box that applies for your situation. Provide the date of the event, the reason your dependent child is no longer an eligible dependent (if applicable) and the last date of coverage.

Family Member(s) Losing Coverage

Please provide the names and addresses of all family members who are losing coverage due to the qualifying event indicated above. This may include the spouse and one or more children.

Member Data

Please provide the name, address and other information requested for the member.

Plan

Please check the plan(s) in which the family members listed above are currently enrolled.

Completed By

The individual completing and submitting this form should sign and date the form.

***Please mail the completed form directly to WEB-TPA at
P. O. Box 1987, Grapevine, Texas 76099-1987
or Fax to 469.417.1979.***