COBRA: Social Security Disability Extension (SSDE)

PacificSource ADMINISTRATORS

Apply for or cancel a Social Security Disability Extension.

1. Primary qualified beneficiary information

Primary qualified beneficiary name (first, middle initial, last) _____

Social Security number _____ Previous employer (do not abbreviate) _____

Daytime phone _____ Email address _____

2. Social Security Disability Extension (SSDE) information

Please select only one.

☐ **Applying for a Social Security Disability Extension:** I have included a copy of my Notice of Award letter from the Social Security Administration (SSA). If this letter does not include the specific date I became disabled, I am aware I will need to request this additional information from the SSA. I understand that in order to be eligible, I must submit this completed form with a copy of the letter(s) from the SSA within 60 days of the date of the Notice of Award letter and before the 18 months of COBRA benefits have expired. I also understand my disability must have occurred prior to or within the first 60 days of my COBRA start date. I understand my COBRA premiums may increase up to 150% of the original cost if the SSDE is granted. Additionally, I understand my continuation of coverage due to the SSDE will last no longer than 11 months beyond my original 18 months of COBRA coverage, and that should I request to cease the extension, my request must be made in writing.

☐ **Cancelling a Social Security Disability Extension:** Please terminate my SSDE. I understand that I am no longer eligible for this extension.

3. Qualified beneficiary certification

I understand my submission of this form is to either continue or cancel my coverage due to the SSDE. Further, I understand my request to extend coverage due to the SSDE does not guarantee coverage will be extended and that should my request be denied I will be notified in writing.

Primary qualified beneficiary signature _____ Date _____

Please send this form to PacificSource Administrators, Inc., and retain a copy for your records.

- Email: COBRA@PacificSource.com
- Mail to PSA, PO Box 71096, Springfield OR 97475
- Fax: **888-273-5926**

Questions? Email us, or call **877-355-2760,** TTY: 711. We accept all relay calls.