



# COBRA Death Certification Form

We would like to extend our sincerest condolences to you in this time of loss.

Please e-mail, fax, or mail this form and a copy of the Death Certificate to:

**Email:** [COBRArequests@marshmma.com](mailto:COBRArequests@marshmma.com)

**Fax:** 1-800-595-4642

**Mail:** Attn. COBRA & Billing  
My Benefits Service Center  
P.O. Box 350  
Conshohocken, PA 19428

Part I Deceased Information (Please Print)		
Company	Qualified Beneficiary Name (First, M, Last)	Date of Birth (MM-DD-YYYY)
Address		Member ID Number
City	State	ZIP Code
Email Address		Daytime Phone

Part II Your Information (Please Print)		
Full Name (First, M, Last)	Relationship to Deceased	Date of Birth (MM/DD/YYYY)
Address		
City	State	ZIP Code
Email Address		Daytime Phone

Related Documents	Death Certificate (Required)
Refunds/Transfers of Payments	<p><b>If no covered dependents are on file:</b> Refunds for any unallocated payments will automatically process on our end of month refund cycle and be mailed to the address on file, made payable to the deceased's estate. Please allow up to 30-45 days for receipt of any refunds.</p> <p><b>If retaining any COBRA benefits for any dependent(s):</b> A new account will be created in your dependent(s) name for any coverages in which they remain enrolled. If you are the covered surviving spouse of the deceased, you and any other covered dependents will be set up on one account in your name. For any coverages on which only children will remain covered, each child will be set up on their own accounts in their names, respectively.</p> <p><b><i>To request a transfer of unallocated payments to a newly established account, please submit your request in writing along with this form and a copy of the deceased's Death Certificate</i></b></p>
COBRA Secondary Qualifying Events	In the event you or your dependents are enrolled in COBRA through a spouse or parent who has passed away, any dependents continuing coverage will be eligible for a total COBRA continuation period of 36 months from the date on which COBRA began.
Notification:	All notifications of changes to your COBRA account(s) will be mailed to your address on file. If you have any questions regarding the status of your request, please contact your Benefits Service Center at 800-580-6854, 8:30 am - 5:30 pm EST, Monday-Friday to speak with an Employee Advocate.