

**NOTIFICATION OF DECEASED**

**HBEX 411a (09/17)**



**Courtesy Notification of Deceased**

Please complete this form to provide Covered California with a courtesy notification for the deceased enrollee. This change in household size will result in a termination of coverage (if the deceased was the sole enrollee) or a redetermination of eligibility for remaining enrollees. Please allow 30 days for processing. The form may be mailed or faxed to the following.

Mail: Covered California  
P.O. Box 989725  
West Sacramento, CA 95798-9725

Fax: (888) 329-3700

<b>Deceased Consumer's Information</b> <i>(As indicated on the Covered California Account)</i>		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Covered California Case or Account Number:	Date of Birth:	

<b>Reporting Individual's Information</b>		
Last Name:	First Name:	Middle Initial:
Address:	City/State:	Zip Code:
Daytime Phone Number <i>(Required)</i>	Email Address:	
Are there any additional notes Covered California should add to the individuals account?		

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**Required Documents**

Please include copy of one the following documents:

**Death Certificate, Obituary, Medical Record, Power of Attorney, Proof of Executor or Proof of Estate.**

**Attached Copy of Reporting Individual's Identifying Information.**  
*(If no identifying document is attached, your signature must be notarized.)*

California Driver's License	California Identification Card
Federal Issued Identification Card	Notary
Date Notarized:	UNOFFICIAL UNLESS STAMPED BY NOTARY PUBLIC
Notarized By:	
Notary Public Number:	

**Reporting Individual's Signature**

Signature:	Date:
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*The information requested on this form is required by the California Health Benefit Exchange to process your request and will be used solely for this purpose. Failure to provide this information may result in the denial of your request. Legal references authorizing the collection or maintenance of the information provided on this form include Sections 1798.22, 1798.25, 1798.27 and 1798.35 of the California Civil Code and Section 155.260(a) of the Code of Federal Regulations. California Health Benefit Exchange, Privacy Office, 1601 Exposition Blvd, Sacramento, CA 95815 (800) 889-3871.*