NOTIFICATION OF DECEASED – BY ESTATE REPRESENTATIVE HBEX 411c (09/17)



Notification of Deceased by an Estate Representative

Please complete this form if you have legal authority to act on behalf of the deceased Consumer's estate. The 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 maybe be mailed or faxed to the following.

Mail: Covered California Fax: (888) 329-3700

P.O. Box 989725

West Sacramento, CA 95798-9725

Deceased Consumer's Information (As indicated on the Covered California Account)					
First Name:		Middle Initial:			
City/State:		Zip Code:			
ia Case or Account Number: Date of E			Birth:		
Estate Representative's Information					
First Name:			Middle Initial:		
City/State:			Zip Code:		
Email Address:					
Additional Information					
Do you need a copy of the previous year's IRS form 1095A			No		
Does the mailing address on the account need to be updated for future correspondence and the current year tax information? What is the new address?			No		
	First Name: City/State: City/State: City/State: City/State: Email Address: Il Information orm 1095A be updated for	First Name: City/State: City/State: City/State: City/State: City/State: City/State: City/State: City/State: Email Address: Il Information orm 1095A yes be updated for	Pirst Name: City/State: Date of Interest Name: City/State: City/State: City/State: City/State: City/State: City/State: Email Address: Il Information Orm 1095A Yes be updated for Ves		

NOTIFICATION OF DECEASED - BY ESTATE REPRESENTATIVE **HBEX 411c** (09/17)

raye z		
Additional Info	ormation cont.	
Any Additional Instructions?		
Please include copy of one the following documents:		
Death Certificate, Obituary, Medical Record, Po Estate.	wer of Attorney, Proof of Executor or Proof o	
What legal authority do you have to act on behalf of legal documents to support your authority:	the Consumer? Please attach one of the following	
 Trust Documents - Title page, trustee page Power of Attorney Other Legal Documents - Court order, Cons 	-	
Attached Copy of Estate Represe (If no identifying document is attached		
Driver's License	Identification Card	
Federal Issued Identification Card	Notary	
Date Notarized:		
Notarized By:	UNOFFICIAL UNLESS STAMPED BY NOTA PUBLIC	
Notary Public Number:		
Authorized Represe	ntative's Signature	
I understand Covered California may not be able to cresponse.	comply with my request but will provide me with a	
I declare under penalty of perjury that the information	n on this form is true and correct.	
Signature:	Date:	
The information requested on this form is required by	v the California Health Benefit Evchange to proces	

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.