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COBRA Social Security Disability Extension (SSDE) Form

This form is to apply for or cancel a Social Security Disability Extension.

Step 1: Primary Qualified Beneficiary Information

*=Required Fields

*Primary Qualified Beneficiary Name (First, MI, Last)

*Social Security Number ___ - __ - ____

*Employer Sponsoring Benefits (Do not abbreviate)

*Day Telephone ___ - ___ - ____

Email Address

Step 2: Social Security Disability Extension (SSDE) Information

Please select only one.

☐ **Applying for a Social Security Disability Extension:** I have included a copy of the Notice of Award letter from the Social Security Administration (SSA). If this letter does not include the specific date I or another qualified beneficiary 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 original 18 months of COBRA benefits have expired. I also understand the 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 Social Security Disability Extension (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:** I have included a copy of the letter from the Social Security Administration (SSA) indicating that I or another qualified beneficiary is no longer disabled. I understand that I must submit this completed form with a copy of the letter from the SSA within 30 days of the date of that letter.

Step 3: Qualified Beneficiary Certification

I understand my submission of this form is to either continue or cancel my coverage due to the Social Security Disability Extension. Further, I understand my request to extend coverage due to the Social Security Disability Extension 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