



**EMPLOYEE BENEFITS DEPARTMENT**  
**Human Capital Management**  
**Office of Management and Enterprise Services**  
 2101 N. Lincoln Blvd., Room 560, Oklahoma City, Oklahoma, 73105  
 405-522-1190 or 1-800-219-8115

**HIPAA CERTIFICATE REQUEST FORM**

Benefits Coordinator: Use this request form only if the certificate of a terminated employee or their dependents is lost or misplaced. Upon termination of a state employee or any covered dependents, certificates are automatically prepared and mailed to the last known address.

**IMPORTANT NOTICE OF YOUR RIGHT TO DOCUMENTATION  
 OF HEALTH COVERAGE**

Under the Health Insurance Portability & Accountability Act of 1996 you are entitled to a certificate showing prior health care coverage. You may need to provide other documentation for earlier periods of health care coverage. Check with your new Employer's benefits office to see if your new plan excludes coverage for pre-existing conditions and if you need to provide a certificate or other documentation of your coverage with the State of Oklahoma. You may also request certificates for any of your dependents (including your spouse) who were enrolled under your health coverage with the State of Oklahoma.

To obtain a CERTIFICATE, complete this form and return it to:

Employees Benefits Department  
 Benefits Department-HIPAA  
 2101 N. Lincoln Blvd., Room 560  
 Oklahoma City, Oklahoma, 73105

For additional information contact: (405) 522-1190

Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Agency#/Location: \_\_\_\_\_

Member Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Home: \_\_\_\_\_

Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name of dependent: \_\_\_\_\_ Relationship: \_\_\_\_\_