

**OAKLAND COUNTY PERSONNEL DEPARTMENT  
SUPPLEMENTAL MEMBERSHIP & RECORD  
CHANGE FORM**

Under Federal law Oakland County is required to offer the opportunity to continue health coverage to members on your health contract who lose coverage for various reasons (COBRA continuation). This form should be completed whenever members are being removed under the following circumstances:

1. **Divorce**
2. **Removal of a child from coverage for any reason (marriage of child, loss of child's dependency, divorce from child's natural parent, etc.)**

In order to help us direct the required correspondence correctly, please supply the following information:

1. Please complete this section with regard to your former **spouse**:

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Please complete this section with regard to a **child** removed from your coverage. If a child is being removed as a result of a divorce, you can write "same" for the address if they reside with the former spouse at the above address.

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

After you have completed this form, please attach it to the Membership & Record change form and return both forms to the Benefits Unit in the Personnel Department.