

Survivor health coverage worksheet

Personal record sheet. It does not apply for coverage, does not notify any office, and does not decide eligibility. The plan, the Marketplace or Social Security decides. Keep it with your own papers.

Leave Social Security numbers, full policy numbers and medical details off this sheet.

Part 1. Start here

Where your coverage came from decides which office you call and how long you have. If you cannot tell, ask the benefits office at your spouse's employer.

Date of death

My age group (tick one)

☐ Under 65☐ 65 or older

My health coverage came from (tick all that apply)

☐ My spouse's job☐ Medicaid☐ My own job☐ Other☐ HealthCare.gov or a state Marketplace☐ Not sure☐ Medicare

Date my current coverage ends, and who told me

Others on the same plan (children or dependents), first names only

Part 2. Dates to confirm

Fill in only the rows that apply to you. Copy each date from the letter or the person who gave it. The rule printed above each row is the federal rule. Your notice or the office may give a different date.

COBRA (coverage through your spouse's job)

The plan must give you at least 60 days to elect, counted from the date the election notice is provided or the date coverage would end, whichever is later. You get at least 45 days after electing to make the first payment.

[S2]

Date the election notice arrived

Election deadline printed on the notice

First payment due date

HealthCare.gov Marketplace

HealthCare.gov rule: pick a plan within 60 days before or after the date your coverage ends. If the Marketplace asks for documents, send them within 30 days of picking a plan. If your state runs its own Marketplace, confirm the dates with it. The COBRA and Marketplace dates can differ, so write both down. [S3, S4]

Pick a plan by

Date I picked a plan

Part 2. Dates to confirm (continued)

Documents due by

Medicare Part B (65 or older, on a plan from your spouse's current job)

A surviving spouse covered at the time of death by the worker's job-based plan, based on current work (not a retiree plan or COBRA), may be able to enroll during the 8-month period that begins the month after the month of death. Part B starts the month after Social Security gets the forms.

Confirm with Social Security. [S6]

First month of my window

Last month of my window

Date I sent forms to Social Security

Medicare drug plan or Medicare Advantage

Once you have Medicare, leaving employer or union coverage, including COBRA, gives you 2 full months after the month that coverage ends to join a drug plan, or a Medicare Advantage Plan if you have Part A and Part B. [S9]

Last day to join

Part 2. Dates to confirm (continued)

A health plan at my own job

You may be able to join it through special enrollment if you were eligible for that plan before and had other coverage when it was first offered. You must ask within 30 days of losing the other coverage. [S1, S2]

Request special enrollment by

Sources for this part: S1, S2, S3, S4, S6, S9. Full list on the last page.

Part 3. Call log

One block per office. Write the date and the name or reference number of everyone you speak with.

Plan or COBRA administrator

Ask: When does my coverage end? When will the election notice come?
Who is the COBRA administrator?

Date called, and person or reference number

What they said about the deadline

Papers they asked for

Next step and date

Status (circle one): Not called / Waiting for a letter / Papers sent / Done

Part 3. Call log (continued)

**HealthCare.gov Marketplace, 1-800-318-2596 (TTY
1-855-889-4325)**

Ask: Do I qualify for a Special Enrollment Period? Which documents do you need, and by when?

Date called, and person or reference number

What they said about the deadline

Papers they asked for

Next step and date

Status (circle one): Not called / Waiting for a letter / Papers sent / Done

Part 3. Call log (continued)

Social Security, 1-800-772-1213 (TTY 1-800-325-0778)

Ask: Am I in the Part B Special Enrollment Period after my spouse's death? Where do I send CMS-40B and CMS-L564?

Date called, and person or reference number

What they said about the deadline

Papers they asked for

Next step and date

Status (circle one): Not called / Waiting for a letter / Papers sent / Done

Part 3. Call log (continued)

SHIP counselor (find yours at shiphelp.org)

Ask: Can we review my Medicare choices and my COBRA notice together?

Date called, and person or reference number

What they said about the deadline

Papers they asked for

Next step and date

Status (circle one): Not called / Waiting for a letter / Papers sent / Done

Part 3. Call log (continued)

My own employer's benefits office

Ask: Can I join your plan through special enrollment after losing coverage on my spouse's plan? What proof do you need?

Date called, and person or reference number

What they said about the deadline

Papers they asked for

Next step and date

Status (circle one): Not called / Waiting for a letter / Papers sent / Done

Sources for this part: S2, S3, S6, S8, S10, S11, S12, S13. Full list on the last page.

Part 4. Papers to have ready

Check off what you have. Send the Marketplace photocopies, never originals.
[S4]

For HealthCare.gov, if your eligibility notice asks

Documents must show your name and the date coverage ended. [S5]

- ☐ Death certificate or public notice of death
- ☐ Letter from the insurer or employer showing who was on the plan
- ☐ Letter of explanation form, only if you cannot get the documents above

For COBRA

- ☐ The COBRA election notice from the plan
- ☐ The written monthly premium amount from the administrator

For Social Security (Medicare Part B)

If you already have Part A, send CMS-40B and CMS-L564 together. You fill in Section A of the CMS-L564. The employer or plan fills in Section B.
[S7, S8]

- ☐ CMS-40B, Request for Enrollment in Part B
- ☐ CMS-L564, Request for Employment Information

If the employer or plan cannot complete Section B

Social Security accepts other proof, including these. [S7]

- ☐ Tax returns that show health insurance premiums paid
- ☐ W-2s with pre-tax medical contributions
- ☐ Pay stubs with health premium deductions
- ☐ Health insurance cards with a policy effective date
- ☐ Explanations of benefits paid by the plan
- ☐ Statements or receipts for premium payments

Sources for this part: S4, S5, S7, S8. Full list on the last page.

Filled example, using fictional details

FICTIONAL SAMPLE. Every name, company, date and reference number below is invented. The 555-01xx phone number is a reserved fictional number. The sample shows how entries look. It does not describe any real person, plan or decision.

Part 1. Start here (fictional)

Date of death:

March 9, 2026 (Walter Example, fictional)

My age group

☐ Under 65

☒ 65 or older

My health coverage came from

☒ My spouse's job

☐ Medicaid

☐ My own job

☐ Other

☐ HealthCare.gov or a state Marketplace

☐ Not sure

☐ Medicare

Date my current coverage ends, and who told me:

March 31, 2026; Sample Company benefits office, 555-0142

Others on the same plan:

None

Part 2. Dates to confirm (fictional)

COBRA election deadline printed on the notice:

June 15, 2026 (notice arrived April 16)

Medicare Part B window, first and last month:

April 2026 through November 2026

Filled example, using fictional details (continued)

Date I sent forms to Social Security:

April 20, 2026

Part 3. Call log (fictional)**Social Security: date called, and reference:**

April 2, 2026; reference SAMPLE-0402

What they said:

Send CMS-40B and CMS-L564 together; Sample Company will complete Section B

SHIP counselor:

Appointment April 21 to go over Medicare choices and the COBRA notice

Next step and date:

Call Sample Company on April 13 to confirm Section B was mailed

Official phone numbers

Marketplace Call Center: 1-800-318-2596 (TTY 1-855-889-4325) [S12]

Social Security: 1-800-772-1213 (TTY 1-800-325-0778) [S13]

Medicare: 1-800-633-4227 (TTY 1-877-486-2048) [S10]

Employee Benefits Security Administration (COBRA questions, private employers): 1-866-444-3272 [S2]

SHIP free Medicare counseling: find your state at shiphelp.org [S11]

Each of these is a government office or a government-funded program.

Sources and official instructions

[S1] Death of a Family Member. U.S. Department of Labor, EBSA. Undated; checked October 18, 2026.
<https://www.dol.gov/agencies/ebsa/workers-and-families/death-of-a-family-member>

[S2] An Employee's Guide to Health Benefits Under COBRA. U.S. Department of Labor, EBSA. September 2022; checked October 18, 2026.
<https://www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/an-employees-guide-health-benefits-under-cobra-2022.pdf>

[S3] Special Enrollment Periods. HealthCare.gov. Undated; checked October 18, 2026.
<https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>

[S4] Send documents to confirm a Special Enrollment Period. HealthCare.gov. Undated; checked October 18, 2026.
<https://www.healthcare.gov/coverage-outside-open-enrollment/confirm-special-enrollment-period/>

[S5] Submit documents to confirm your loss of coverage. HealthCare.gov. Undated; checked October 18, 2026.
<https://www.healthcare.gov/help/prove-coverage-loss/>

[S6] POMS HI 00805.275, SEP Enrollments, Group Health Plans. Social Security Administration. Effective October 10, 2024; checked October 18, 2026.
<https://secure.ssa.gov/poms.nsf/lnx/0600805275>

[S7] POMS HI 00805.295, Evidence of GHP or LGHP Coverage Based on Current Employment Status. Social Security Administration. Effective December 20, 2024; checked October 18, 2026.
<https://secure.ssa.gov/poms.nsf/lnx/0600805295>

[S8] Enrollment forms. Medicare.gov. Undated; checked October 18, 2026.
<https://www.medicare.gov/basics/forms-publications-mailings/forms/enrollment>

[S9] Special Enrollment Periods (Medicare Advantage and drug plans). Medicare.gov. Undated; checked October 18, 2026.
<https://www.medicare.gov/basics/get-started-with-medicare/get-more-coverage/joining-a-plan/special-enrollment-periods>

[S10] Talk to someone. Medicare.gov. Undated; checked October 18, 2026.
<https://www.medicare.gov/talk-to-someone>

[S11] Find Local Medicare Help. SHIP National Technical Assistance Center (ACL-supported). Undated; checked October 18, 2026.

Sources and official instructions (continued)

<https://www.shiphelp.org/>

[S12] Contact us. HealthCare.gov. Undated; checked October 18, 2026.

<https://www.healthcare.gov/contact-us/>

[S13] Report a death. Medicare.gov. Undated; checked October 18, 2026.

<https://www.medicare.gov/basics/report-a-death>