



Outdated Form

Circular Letter No: 600-020-09

The COBRA Continuation Coverage Election Form in this Circular Letter is outdated. View the current [COBRA Continuation Coverage Election Form \(PDF\)](#).

Attachment B

COBRA Continuation Coverage Election Form

Instructions: Under the American Recovery and Reinvestment Act you are only entitled to elect COBRA continuation coverage at this time if you lost group health plan coverage due to an involuntary termination of employment during the period that begins with September 1, 2008 and ends with December 31, 2009. To elect COBRA continuation coverage, complete this Election Form and return it. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to your former employer, from which your involuntary termination from employment occurred.

This Election Form must be completed and returned by mail, if mailed, it must be post-marked no later than 60 days after the date of this notice.

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form.

I (We) elect COBRA continuation coverage into the plan as indicated below:

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
1. _____			
[Add if appropriate: Coverage option(s): _____]			
2. _____			
[Add if appropriate: Coverage option(s): _____]			
3. _____			
[Add if appropriate: Coverage option(s): _____]			

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number