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| San Jose State University Logo | COBRA CONTINUATION ELECTION FORM |
| HUMAN RESOURCES  |
| Employee Support Services Unit | One Washington Square | San José, CA 95192-0046 | 408-924-2250 | 408-924-1701 (fax) |
| **Instructions:**  | Print using blue or black ink pen. Submit completed form with signature to Human Resources, 0046. |
|  | COBRA Effective Date:  |

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| EMPLOYEE INFORMATION |
| Employee Name:      | Employee ID Number:      |
| COBRA Enrollee Name (if different from above):      |
| Additional COBRA Enrollee Name:      |
| Additional COBRA Enrollee Name:      |
| Additional COBRA Enrollee Name:      |
| Department/College Name:      |
| Enrollee Residence Address (Number & Street, City, State & Zip):      | Enrollee Daytime Phone Number:      |
| Event Date | Type of Event | Duration of Coverage |
|       | [ ]  Employment separation or reduction in timebase | 18 months |
|       | [ ]  Marriage of child or child turns age 26 | 36 months |
|       | [ ]  Divorce or legal separation | 36 months |
|       | [ ]  Death of employee | 36 months |

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| ELECTION TO CONTINUE OR DECLINE COVERAGE CONTINUATION |
| **Type of Coverage** | **Plan Name** |
| [ ]  **Enroll** [ ]  **Decline** Health Benefits |       |
| [ ]  **Enroll** [ ]  **Decline** Dental Benefits |       |
| [ ]  **Enroll** [ ]  **Decline** Vision Coverage |       |
| [ ]  **Enroll** [ ]  **Decline** HCRA |       |
| [ ]  Decline Coverage: I understand that I will not be eligible to continue or re-start my coverage if the request to do so is received at the address below more than 60 days after the date that the COBRA information was provided to me.[ ]  Continue Coverage: I understand that my request to do so must be received at the address provided below within 60 days from the date this notice was provided to me. I also understand that I am fully responsible for the premium payment, including a 2% administrative cost. Failure to pay the premium in a timely manner will result in the termination of my coverage. |
|       |       |
|  Employee’s Signature | Date |

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| RETURN TO:  |
| HUMAN RESOURCESOne Washington SquareSan José, CA 95192-0046 | INFORMATION:Human Resources Contact Name: Human Resources Contact Phone: (408) 924-2250 |