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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. | | |
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| Employee’s Signature | | Date |

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| RETURN TO: | |
| HUMAN RESOURCES  One Washington Square  San José, CA 95192-0046 | INFORMATION:  Human Resources Contact Name: Human Resources Contact Phone: (408) 924-2250 |