City of San José
Human Resources Department

COBRA ELECTION FORM

Instructions: To elect COBRA continuation coverage, complete this COBRA Election Form and COBRA Enrollment/Change Form and return to Human Resources. Under federal law, you have **60 days** from your last date of active coverage to elect COBRA continuation coverage.

Submit this Election Form and COBRA Enrollment/Change Form by mail, fax, in person or email to:

Mail or in person:
City of San Jose – Human Resources
Employee Benefits
200 E. Santa Clara Street, 4th Floor Tower
San Jose, CA 95113

Fax:
(408) 999-0862

Email:
HRBenefits@sanjoseca.gov

If you do not submit a completed Election Form by the Deadline to Elect Coverage due date shown on your cover letter, you will lose your right to elect COBRA continuation coverage.

Read the important Initial COBRA Notification of Rights and Obligations that is included in your packet.

1. Please check one of the following:

   ____ A) I have read the material provided and **I DO** wish to continue coverage under COBRA.

   ____ B) I have read the material provided and **I DO NOT** wish to continue coverage under COBRA.

2. If you chose "A" above to continue coverage, please complete the remainder of this form.
   If you chose "B" above to not continue coverage, please complete section 5 only.

3. I qualify for COBRA as a _____Former employee (including layoff)
   _____Qualified dependent (spouse or child)
   _____Employee with reduced hours

4. Covered Employee's Name: _____ EmployeeID:_____
   COBRA Applicant's Name: _____ SSN: _____
   Applicant's Address: _____
   Phone Number: _____ Date of Qualifying Event _____

5. _____ _____
   Signature of Applicant Date

As a courtesy, the City will send a billing statement to you on a monthly basis for your COBRA payments. Kaiser will send a bill separately for Kaiser coverage.

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FOR EMPLOYEE BENEFITS USE ONLY

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Health Plan_____ Dental Plan_____ Vision Plan_____
Effective Date_____ Effective Date_____ Effective Date_____

EAP Plan_____ MRA Plan_____
Effective Date_____ Effective Date_____