

CONTINUANCE OF GROUP HEALTH PLAN COVERAGE ELECTION FORM

SECTION A: TO BE COMPLETED BY EMPLOYER

Name of Employer _____ Date of Notice _____
Name of Employee _____ Plan Number _____

Continuance Payments:

- The Due Date for each payment is the ____ day of each month.
- The current monthly payment amounts are as follows:

	Employee	One Dependent (Spouse or Child)	Two or More Dependents
Major Medical	\$	\$	\$
Dental	\$	\$	\$

SECTION B: TO BE COMPLETED BY EMPLOYEE, SPOUSE, OR CHILD

1. I have been covered under the employer's group health plan as
 - The employee named above
 - The spouse of the employee
 - A child of the employee

2. My coverage under the plan has ceased or will cease because of the following qualifying event:
 - Termination of the employee's employment on _____
 - The employee's divorce or legal separation on _____
 - The death of the employee on _____
 - Ceasing to be an eligible dependent child on _____

3. I elect not to continue group health plan coverage.
 I elect to continue group health plan coverage for
 - Myself (name) _____, born on _____
 - My spouse (name) _____, born on _____
 - child(ren) (name) _____, born on _____
 - child(ren) (name) _____, born on _____
 - child(ren) (name) _____, born on _____

4. My initial payment of \$ _____ is enclosed for continuance of Major Medical Coverage.

5. I understand that any request to continue group health plan coverage is subject to the following:
 - a. This election form must be sent to the Employer within 60 days after the later of the qualifying event or the date of the continuance notice.
 - b. The full initial monthly payment must accompany this form.
 - c. Payment is also required for any retroactive period of continued coverage. This payment must be sent to the Employer within 45 days after you complete this form.
 - d. Subsequent monthly payments are due on the due date shown above. Continuance will cease if payment is not received by the Employer within 31 days after the Due Date.

6. Your signature _____ Date: _____

Your Address _____

Send this completed form to:

Make checks payable to:

