

**ELIGIBILITY FOR
CONTINUATION OF COVERAGE**

PLEASE COMPLETE & RETURN IF ELECTING COBRA

As a retiree or vested member you are eligible to retain your health, dental, vision and/or life insurance **with no time limitations** as long as your premiums are paid each month. If you elect to continue your coverage as retiree or vested member, please complete the required vesting or retirement insurance forms.

As a COBRA participant you are eligible to retain health, dental and/or vision for a **maximum time period of 18 months. Once you have reached the maximum 18 month limit there is no insurance coverage available through the State Group Insurance Board.**

By signing this form, I acknowledge that I have read the above and understand the options regarding my continuation of insurance coverage. I cannot transfer coverage once my election is made.

Signature

Date

Social Security Number