

**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 Office of Management and Enterprise Services Employees Group Insurance Division.**

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