COBRA ENROLLMENT FORM

Plan Election Options:

☐ **Medical Only** ☐ **Dental and Vision Only** ☐ **Medical, Dental and Vision**

Effective Date of COBRA _____
COBRA Qualifying Event: ☐ Retirement / Separation of City employment
☐ Overage Dependent ☐ Divorce / Termination of DP

Last Name (Please Print) First Name

Home Address - Street | City | State | Zip

Home Phone | Birth Date (M/D/Y) | Social Security Number

MEDICAL PLAN SELECTION *(if including dependents from your Active coverage plan, please list below)*

☐ **City of Seattle Preventive Plan**	☐ **City of Seattle Traditional Plan**	***Administrative Use Only:*** *COBRA Plan Number:* _____
☐ **Kaiser Standard Plan**	☐ **Kaiser Deductible Plan**	

DENTAL PLAN SELECTION *(if including dependents from your Active coverage plan, please list below)*

☐ **Delta Dental of Washington**	☐ **Dental Health Services**	***Administrative Use Only:*** *COBRA Plan Number:* _____

VISION PLAN SELECTION *(if including dependents from your Active coverage plan, please list below/reverse)*

☐ **VSP Basic Plan**	☐ **VSP Buy-up Plan**	***Administrative Use Only:*** *COBRA Plan Number:* _____

Add Dependent Coverage Information:

Spouse/Domestic Partner **Birth Date**

Last Name First Name MI | Social Security Number | (M/D/Y)

Relationship

☐ **Spouse** ☐ Male ☐ Female **OR** ☐ **Domestic Partner** ☐ Male ☐ Female

1. Dependent Child **Birth Date**

Last Name First Name MI | Social Security Number | (M/D/Y)

Relationship

☐ Son ☐ Daughter
☐ Step-son ☐ Step-Daughter

☐ Domestic Partner's Son
☐ Domestic Partner's Daughter

Other Relative *(describe)* _____
☐Male ☐ Female

THIS ENROLLMENT FORM IS NOT VALID UNLESS IT IS SIGNED AND DATED ON THE REVERSE SIDE

(Continued on back)

2. Dependent Child **Birth Date**

Last Name First Name MI Social Security Number (M/D/Y)

Relationship

☐ Son ☐ Daughter
☐ Step-son ☐ Step-Daughter

☐ Domestic Partner's Son
☐ Domestic Partner's Daughter

Other Relative *(describe)* _____
☐Male ☐ Female

3. Dependent Child **Birth Date**

Last Name First Name MI Social Security Number (M/D/Y)

Relationship

☐ Son ☐ Daughter
☐ Step-son ☐ Step-Daughter

☐ Domestic Partner's Son
☐ Domestic Partner's Daughter

Other Relative *(describe)* _____
☐Male ☐ Female

4. Dependent Child **Birth Date**

Last Name First Name MI Social Security Number (M/D/Y)

Relationship

☐ Son ☐ Daughter
☐ Step-son ☐ Step-Daughter

☐ Domestic Partner's Son
☐ Domestic Partner's Daughter

Other Relative *(describe)* _____
☐Male ☐ Female

5. Dependent Child **Birth Date**

Last Name First Name MI Social Security Number (M/D/Y)

Relationship

☐ Son ☐ Daughter
☐ Step-son ☐ Step-Daughter

☐ Domestic Partner's Son
☐ Domestic Partner's Daughter

Other Relative *(describe)* _____
☐Male ☐ Female

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the insurance company. Penalties include imprisonment, fines and denial of insurance benefits.

By signing below, I declare that the information on this form is true, correct and complete to the best of my knowledge; that I have read and understand the COBRA election form and descriptive material covering the options provided under the City of Seattle's benefit plans. I authorize the insurance carriers to obtain, examine or release information needed to coordinate benefits or process claims for myself or my family. I understand that if I fail to make the required COBRA premium payment by the stated deadline, my COBRA coverage may be terminated retroactive back to the last month in which my premium was paid in full.

_____ _____
Signature Date