Health Account Services
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or **888**-225-7377) Fax (800) 959-6545
TTY (877) 249-7442

HBD-85R (Rev 6/13)

SUBJECT: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

General Information – Election

This form is to be used by Retirees only. For active members, please use the HBD-85 form.

The Federal COBRA legislation allows the continuation of health and dental coverage to family members who lost their eligibility for coverage as dependents on or after August 1, 1986, for one of the following reasons:

a. Divorce or legal separation
b. Attainment of age 26 (child)
c. Death of employee/annuitant (if enrolled family member is not eligible for a monthly survivor/beneficiary allowance from CalPERS)

The coverage can be continued for up to 36 months, but the premium payment (102% of the group rate) is the responsibility of the enrollee. No state contribution is available to pay for the COBRA coverage. To enroll under COBRA, please fill out the information below:

Name and Social Security Number of (former) prime life enrollee:

_____ SSN: _____ - _____ - _____

Name and Social Security Number of COBRA enrollee, if different from above:

Name: _____ SSN: _____ - _____ - _____
Address: _____
Daytime Phone No: ( ) _____

QUALIFYING EVENTS: Length of coverage is 36 months.

☐ Divorce or legal separation ☐ Death of employee/annuitant
☐ Child attained age 26

Date of the above qualifying event: _____

ELECTION TO ENROLL IN OR DECLINE COBRA CONTINUATION COVERAGE:

Health Benefits Enroll ☐ Decline ☐

Dental Coverage Enroll ☐ Decline ☐

Signature of COBRA Enrollee: _____ Date: _____
(mm/dd/yyyy)

Please return this election within 60 days after receipt to the address indicated above. CalPERS will prepare the actual enrollment document and send a copy to the COBRA enrollee and to the carrier. A premium check payable to the carrier may be enclosed, or the carrier will bill the enrollee directly. The effective date for COBRA coverage is the same as the date on which coverage as a dependent is terminated.

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