Health Net Health Plan of Oregon, Inc. (Health Net)

Federal COBRA Election Form

NOTICE TO MEMBER:

To elect COBRA continuation coverage, complete this election form and return it to your employer.

Under the federal law, you have 60 days from the date your coverage terminates to decide whether or not you want to elect COBRA continuation.

Employer name:	Group #:
Employee name:	Social Security #:

Type of qualifying event

Date of qualifying event (enter date): _____

18-month	29-month	36-month
Employee (and dependent if any) losing coverage due to: ☐ Termination of employment ☐ Reduction in hours	☐ Disabled qualified beneficiary Name: Attach copy of Notice of Award from SSI.	Dependent(s) losing coverage due to: ☐ Divorce or legal separation ☐ Medicare eligible subscriber ☐ Death of subscriber ☐ Loss of dependent-child status

I have read the specific notice of my COBRA options as provided by the employer. I understand I am eligible to self-pay my present Health Net group health coverage for up to the number of months allowed by federal law. My eligibility for COBRA continuation will end when I become entitled to Medicare or become covered by another group health plan.

☐ **Yes**, I want to continue group medical insurance through COBRA.

1. I understand I must pay any required premium due to the Health Net Group Contract Holder (employer) each month by the date specified by the employer.
2. I wish to elect the COBRA option for:

☐ Self only ☐ Self and insured family members ☐ Insured family members
☐ Medical only ☐ Dental only ☐ Medical and Dental only

Signature: _____ Date: _____

☐ **No**, I am not interested in continuing group medical insurance through COBRA.

Signature: _____ Date: _____

EMPLOYER - Retain original and send a copy of the entire form to Health Net.

Please list all dependents to be covered	Required
Qualified dependent name:	Social Security #:
Qualified dependent name:	Social Security #:
Qualified dependent name:	Social Security #:

☐ Another page is attached with required information for additional dependents.

Note: A registered/non-registered domestic partner is not eligible for federal COBRA continuation.