

1. Enrollee Information

Enrollee Name	Enrollee Social Security Number
<input type="text"/>	<input type="text"/>

Enrollee Mailing Address (Street)

Enrollee Mailing Address (City, State, ZIP Code)

Enrollee Daytime Phone Number	Date Mailed or Given to Enrollee
<input type="text"/>	<input type="text"/>

2. Election to Enroll in COBRA Continuation Coverage for Medical Reimbursement Account

<input type="checkbox"/> I elect to enroll in Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage to continue my coverage for my Medical Reimbursement Account. (Please check the box on the left.)	Effective Date
	<input type="text"/>

Signature of Enrollee	Date Signed
<input type="text"/>	<input type="text"/>

3. Deadline to Return this Form

Day 60 After the Event	The election form must be completed and returned to the address shown below by this date. If mailed, it must be postmarked by this date.
<input type="text"/>	

4. Required Forms and Payment

You must complete and include:

- This form
- The enclosed Reimbursement Account Enrollment Authorization (STD. 701 R)
- Your initial COBRA payment
- The monthly 2% administrative fee

5. Submit Items To

Agency Name

Agency Mailing Address (Street, City, State, ZIP Code)

Your Personnel Office will forward the completed STD. 701R form and your COBRA payment to CalHR for processing. CalHR will send you a COBRA Enrollment Confirmation Letter with instructions for future contributions into your account.

PRIVACY NOTICE

This notice is provided pursuant to the Information Practices Act of 1977.

The California Department of Human Resources (CalHR), Benefits Division, and the FlexElect Administrator are requesting the information specified on this form pursuant to Government Code Sections 1151, 1153, Section 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

The information collected will be used for administering FlexElect Program COBRA Continuation benefits and will be disclosed to the FlexElect administrator.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process your request for FlexElect Program COBRA Continuation benefits.

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy on CalHR's website (calhr.ca.gov).

Access to Your Information

Information provided on this form will be maintained in confidential files of CalHR for five years. Individuals have the right of access to copies of this form on request. Send requests to:

CalHR Privacy Officer
1515 S Street, North Building, Suite 500
Sacramento, California 95811-7258
916-324-0455
CalHRPrivacy@calhr.ca.gov