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1. Enrollee Information

Name	Social Security Number	Phone # (Optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (Street)	(City)	(State) (Zip Code)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Retiree or Annuitant Information

Name	SSN (last four digits)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Enrollee's Relationship to Retiree or Annuitant

3. Qualifying Event (Check One)

- ☐ Death of Retiree
 ☐ Divorce
 ☐ Dependent Child Marries
 ☐ Legal Separation
 ☐ Dependent Child Turns Age 23
 ☐ Termination of Domestic Partnership
 ☐ Medicare Entitlement

Date of Qualifying Event

4. Dependents to Enroll in COBRA Continuation Coverage

List name, relationship, and date of birth for all enrolled dependents. Indicate Add or Delete for each dependent to be added or deleted.

Name	Relationship	Date of Birth	Add or Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Election to Enroll in COBRA Continuation Coverage

I elect to enroll in Consolidated Omnibus Budget Reconciliation Act (COBRA) Continuation Coverage to continue coverage for Retiree Vision.

Signature of Enrollee

Date Signed

6. Deadline to Return this Form

Return Form By

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.

7. Submit Items To

Vision Services Plan (VSP)
Attention: COBRA Unit
PO Box 997100
Sacramento, CA 95899-7100

PRIVACY NOTICE

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

The California Department of Human Resources (CalHR), Benefits Division, and Vision Services Plan 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 Retiree Vision Program COBRA Continuation benefits and will be disclosed to the Vision Services Plan.

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 Retiree Vision 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 by the vision company providing coverage. Copies of this form are maintained in confidential files of the Vision Services Plan for five years. Individuals have the right of access to copies of this form on request. Send requests to:

Vision Services Plan (VSP)
Attention: COBRA Unit
PO Box 997100
Sacramento, CA 95899-7100