

**CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)
 FLEXELECT PROGRAM CONTINUATION
 COBRA ELECTION FORM**

COBRA ENROLLEE INFORMATION

Enrollee Name	
Social Security Number	- -
Mailing Address: City, State, Zip Code	
Daytime Phone Number	
Date Mailed/Given to Enrollee	

ELECTION TO ENROLL IN COBRA CONTINUATION COVERAGE FOR MEDICAL REIMBURSEMENT ACCOUNT

<input type="checkbox"/>	I elect to enroll in COBRA to continue my coverage for medical reimbursement account (Please check box on left)
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ELECTION TO ENROLL IN COBRA CONTINUATION COVERAGE

Signature of Enrollee:	Date:
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The election form must be completed and returned by _____ to the address shown below. If mailed, it must be postmarked by the date shown above. You must complete and include the enclosed Reimbursement Account Enrollment Authorization (STD. 701R), and return it with your initial COBRA payment plus the monthly 2% administration fee to your Personnel Office. Your Personnel Office will forward the completed STD. 701R form and your COBRA payment to the Department of Personnel Administration (DPA) for processing. DPA will send you a COBRA Enrollment Confirmation Letter with instructions for future contributions into your account.

Agency Name and Address	
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FLEXELECT COBRA CONTINUATION

PRIVACY NOTICE

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the Department of Personnel Administration and the FlexElect Third Party Administrator for the purposes of identification and document processing.

It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in COBRA continuation action not being processed or being processed incorrectly.

The Department of Personnel Administration requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151 and 1153, Sections 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.

Copies of the FlexElect COBRA Continuation Election Form are maintained in confidential files of the Department of Personnel Administration for five years. Employees have the right of access to copies of their COBRA Continuation Election upon request. Send requests to: The Department of Personnel Administration, 1515 S Street N. Bldg., Suite 400, Sacramento, California 95814-7243, Attention: Benefits Division.