



DEPARTMENT OF HUMAN RESOURCES

Governor Edmund G. Brown Jr.

MEMORANDUM

ATTACHMENT F

DATE: October 8, 2012

TO: Jack Gordon
123 Easy Street
Sacramento, CA 95814

FROM: **Susan Coats**
Benefits Division
(916) 327-6429; FAX (916) 322-3769

SUBJECT: Confirmation of Medical Reimbursement Account Election through COBRA

This statement confirms the continuation of your current Medical Reimbursement Account (MRA) enrollment through the **Consolidated Omnibus Budget Reconciliation Act (COBRA)**. Your enrollment, as outlined below, is for the period of (insert appropriate dates from the end of the enrollment period through December 31st).

COBRA ELECTION PREMIUM REQUIRED PER MONTH (sample)

Medical Reimbursement Account Premium \$100.00
FlexElect Administrative Fee (2% of premium) 2.00
Total Amount to be Submitted per Month \$102.00

You have chosen to make monthly COBRA payments to continue your FlexElect MRA through **COBRA**. Each payment must be submitted by the first of each month to ensure proper crediting of your account. Failure to pay the required monthly premium within the prescribed timeframes will result in the termination of your account. The CalHR is not required to bill you for these payments. Please indicate on your check the month for which you are making a payment and your social security number. Your check should be made payable to the **Department of Human Resources** and sent to the following address:

Department of Human Resources
Benefits Division/FlexElect Program
1515 S Street, North Bldg., Suite 400
Sacramento, California 95811-7258
Attention: Penny Jones

If you have any questions regarding this enrollment confirmation memo, please call me at the phone number above.