COBRA Application

I am requesting:

☐ Continuation of health insurance

☐ Continuation of dental insurance

For Benefits Use Only
Received by: _____

Date: _____

APPLICANT'S NAME Last First MI	APPLICANT'S SOCIAL SECURITY NUMBER
EMPLOYEE'S NAME Last First MI	APPLICANT'S PHONE NUMBER (including area code)
BILLING ADDRESS (include city, state and zip code)	APPLICANT'S DATE OF BIRTH Month Day Year

☐ Male
☐ Female

☐ Single ☐ Married
☐ Divorced ☐ Widow (ed)

Qualifying Event
☐ Terminated Employment
☐ Reduction in Hours
☐ Maximum Age of Eligibility
☐ Other:

Date of Qualifying Event
Month Day Year

Coverage Level Desired
☐ Applicant Only
☐ Applicant + Child
☐ Applicant + Spouse
☐ Applicant + Family

BENEFIT PLAN
HEALTH:
☐ Indemnity
☐ PPO ☐ PPO Choice
☐ HMO ☐ HMO Choice

DENTAL
☐ Indemnity
☐ Delta Dental

Please list all eligible dependents that you wish to cover. If the dependent is over 19 years of age, student status information is required

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Relationship to Applicant

Medicare: Please check here if you are eligible for Medicare

☐ Part A Effective Date: _____

☐ Part B Effective Date: _____

For Benefits Use Only
Effective Date of COBRA_____
Customer Number _____
COBRA Termination Date_____
Total Premium_____

IMPORTANT

For reimbursement, your healthcare plan may restrict your choice of who may treat you or your family, and, where you or your family may be treated.

Information regarding the University System of Georgia healthcare plan benefits and provider networks are available within the following:

*** Georgia Board of Regents PPO / Indemnity Health Benefits Comparison Chart**
*** Georgia Board of Regents HMO Health Benefits Comparison Chart**

These are available at:
www.usg.edu/admin/humres/benefits and in the MCG Benefits Office

Applicant's Signature _____ Date of Application _____

RETURN COMPLETED APPLICATION TO: MEDICAL COLLEGE OF GA, HR BENEFITS, AUGUSTA, GA, 30912-30400010
PHONE: 706/721-3770 FAX: 706/721-1572

Revision 10/27/2004