

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to: City of Stamford, 888 Washington Blvd, Stamford, CT 06901.
Attn: Human Resources

This Election Form must be completed and returned by mail or email. If emailed, please send to rlconte@stamfordct.gov or amurphy@stamford.ct.gov. If mailed it must be post-marked no later than 60 days from the date of this notice.

If you don't submit a completed Election Form by the due date shown above, you'll lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the due date, you may change your mind as long as you submit a completed Election Form before the due date. However, if you change your mind after first rejecting COBRA continuation coverage, your COBRA continuation coverage will begin on the date you submit the completed Election Form.

_____ I (We) elect COBRA continuation coverage in the City of Stamford plan(s) listed below:

_____ I (We) Do Not elect COBRA continuation coverage in the City of Stamford plan(s).

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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a. _____

Coverage option elected: _____

b. _____

Coverage option elected: _____

c. _____

Coverage option elected: _____

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number

Important Information About Payment

First payment for continuation coverage

You must make your first payment for continuation coverage no later than 45 days after the date of your election (this is the date the Election Notice is postmarked). If you don't make your first payment in full no later than 45 days after the date of your election, you'll lose all continuation coverage rights under the Plan. You're responsible for making sure that the amount of your first payment is correct. You may contact Ceridian, the City's Cobra administrator at 1-800-877-7994 to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you'll have to make periodic payments for each coverage period that follows. The amount due for each coverage period for each qualified beneficiary is shown in this notice. The periodic payments can be made on a monthly basis. Under the Plan, each of these periodic payments for continuation coverage is due the first of the month for that coverage period. If you make a periodic payment on or before the first day of the coverage period to which it applies, your coverage under the Plan will continue for that coverage period without any break. The Plan will send periodic notices of payments due for these coverage periods.

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you'll be given a grace period of 30 days after the first day of the coverage period to make each periodic payment. You'll get continuation coverage for each coverage period as long as payment for that coverage period is made before the end of the grace period. If payment is made after the 1st of the month but before the end of the grace period for the coverage period, your coverage will continue without interruption.

If you don't make a periodic payment before the end of the grace period for that coverage period, you'll lose all rights to continuation coverage under the Plan.

Ceridian COBRA Continuation Services will provide the address of where to send payment.