Health Account Services
P.O. Box 942715
Sacramento, CA 94229-2715
888 CalPERS (or **888**-225-7377) Fax (800) 959-6545
TTY (877) 249-7442

HBD-85R (Rev 6/13)

SUBJECT: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)

General Information – Election

This form is to be used by Retirees only. For active members, please use the HBD-85 form.

The Federal COBRA legislation allows the continuation of health and dental coverage to family members who lost their eligibility for coverage as dependents on or after August 1, 1986, for one of the following reasons:

a. Divorce or legal separation
b. Attainment of age 26 (child)
c. Death of employee/annuitant (if enrolled family member is not eligible for a monthly survivor/beneficiary allowance from CalPERS)

The coverage can be continued for up to 36 months, but the premium payment (102% of the group rate) is the responsibility of the enrollee. No state contribution is available to pay for the COBRA coverage. To enroll under COBRA, please fill out the information below:

Name and Social Security Number of (former) prime life enrollee:

_____ SSN: _____ - _____ - _____

Name and Social Security Number of COBRA enrollee, if different from above:

Name: _____ SSN: _____ - _____ - _____
Address: _____

Daytime Phone No: ( ) _____

QUALIFYING EVENTS: Length of coverage is 36 months.

☐ Divorce or legal separation ☐ Death of employee/annuitant

☐ Child attained age 26

Date of the above qualifying event: _____

ELECTION TO ENROLL IN OR DECLINE COBRA CONTINUATION COVERAGE:

Health Benefits Enroll ☐ Decline ☐

Dental Coverage Enroll ☐ Decline ☐

Signature of COBRA Enrollee: _____ Date: _____
(mm/dd/yyyy)

Please return this election within 60 days after receipt to the address indicated above. CalPERS will prepare the actual enrollment document and send a copy to the COBRA enrollee and to the carrier. A premium check payable to the carrier may be enclosed, or the carrier will bill the enrollee directly. The effective date for COBRA coverage is the same as the date on which coverage as a dependent is terminated.

CalPERS
Public Employees' Retirement System
Health Account Services
P.O. Box 942715
Sacramento, CA 94229-2715
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Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at 888 CalPERS (or 888-225-7377).