Retiree COBRA Health Continuation Enrollment

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: 465-4460
TDD: (907) 465-2805
Fax: (907) 465-4668

This form must be completed and returned or postmarked to the address above by December 14, 2012.

If you are Medicare eligible, please include a copy of your Medicare card to ensure proper processing of your application. Contact the Division of Retirement and Benefits at (800) 821-2251 or in Juneau at 465-4460 if you have questions.

1. Applicant's Name	2. Applicant's Social Security Number	3. Telephone Number ( )
4. Retiree's Social Security Number	5. Applicant's Date of Birth	6. Gender ❑ Male ❑ Female
7. Applicant's Mailing Address (P.O. Box or Street)		
8. City	9. State	10. Zip Code

11. Applicant's relationship: (please check one)

- ❑ Retiree — Date Benefit Terminated _____
- ❑ Dependent — Date Health Coverage Ended _____
- ❑ Surviving Spouse — Date of Retiree's Death _____
- ❑ Divorced Spouse — Date Divorce was Final _____

12. Please check one of the following statements:

- ❑ I request coverage for my eligible dependents. (Complete No. 13)
- ❑ I do not have eligible dependents and request coverage for myself only. (Skip to No. 14)

13. Applicant's eligible dependents (if applicable):

Name of Eligible Dependent	Relationship to Application	Date of Birth

14. I would like to **continue** the following health insurance program(s) I had:

Medical:	❑ Self Only	❑ Self & Spouse or Same-Sex Partner	❑ Self & Children	❑ Self & Family	❑ None
Dental-Vision-Audio:	❑ Self Only	❑ Self & Spouse or Same-Sex Partner	❑ Self & Children	❑ Self & Family	❑ None

Applicant's Signature	Date

FOR STATE USE ONLY:

Insurance Effective Date (MM/DD/YY)	
Signature of Authorized Representative	Date

RETIREE COBRA HEALTH CONTINUATION RIGHTS

The federal Consolidated Omnibus Budget Reconciliation Act (COBRA) ensures that you and/or your dependents will have the opportunity to continue your health insurance in certain circumstances where it would otherwise terminate.

Coverage

You are eligible to purchase the same coverage you had at the time your coverage was terminated. If you have any questions, please contact the Division of Retirement and Benefits at (800) 821-2251 or in Juneau at (907) 465-4460.

PREMIUM RATE

Coverage for:	Medical	DVA	LTC
Individual only	$ 839.46	$ 71.40	Current premium
Individual and spouse or same-sex partner	1,679.94	141.78	Current premium
Individual and child(ren)	1,186.26	127.50	
Individual, spouse, and children	2,026.74	201.96	

*NOTE: These premiums are effective January 1, 2013. Premiums are subject to change.

Reminder: Your premiums can be deducted directly from your bank account. If you are interested in this option, please see the enclosed Authorization for Automatic Funds Withdrawal form.