

CAPITAL AREA HEALTH CONSORTIUM

Group #: 068965-DC01

068965-DC02

ELECTION TO CONTINUE HEALTH BENEFITS – COBRA

Employee _____

ANTHEM ID# _____

Date of Qualifying Event: 06/30/2022 Date Coverage Terminates: 06/30/2022 Date Notice Must Be Postmarked By: 08/29/2022

NAME	BIRTH DATE	SSN	RELATIONSHIP TO EMPLOYEE	MEDICAL	DENTAL
1) _____					
2) _____					
3) _____					
4) _____					
5) _____					
6) _____					

Signature _____ Date _____ Address _____

Phone _____ E-mail Address _____

Monthly Continuation Coverage Rate – Coverage for up to 18 Months (Terminating Employees) COBRA end date: 12/31/2023
 Coverage for up to 36 Months (Divorced/Legally Separated/Deceased) COBRA end date: _____

	ONE PERSON	TWO PERSON	FAMILY
CENTURY PREFERRED	\$713.71	\$1,416.16	\$1,873.43
DENTAL	<u>\$33.39</u>	<u>\$86.82</u>	<u>\$108.12</u>
	\$747.10	\$1,502.98	\$1,981.55

Make check payable to:
Capital Area Health Consortium
 270 Farmington Ave., Suite 352
 Farmington, CT 06032
 Phone: 860-676-1110