COBRA Continuation Open Enrollment Form

**If a Carrier specific form is not available during your open enrollment period for the plan(s) you would like to enroll in, please use this form to designate your enrollment decisions for the new benefit plan year. This form does not need to be completed if you are not enrolling in a brand new plan offering.**

1. Name of Plan Sponsor/Former Employer: Click here to enter text.
2. Name of each Qualified Beneficiary/s that will be covered by the plan elections below. If the enrollee is a spouse or dependent of the primary Qualified Beneficiary, please include the relationship next to the enrollee’s name (Example: “John Doe; Jane Doe – Spouse; Jim Doe – dependent”): Click here to enter text.
3. Please select the plan(s) you would like to enroll in. Please also type in the Plan Name **and** the coverage level you are selecting as listed on your enrollment materials (example: “Igoe PPO: EE + Family”). ***IMPORTANT NOTE: If the plan name and coverage level are not properly completed, this form will be returned to you unprocessed.***

Medical: Click here to enter text.

Dental: Click here to enter text.

Vision: Click here to enter text.

EAP: Click here to enter text.

Other: Click here to enter text.

**IMPORTANT NOTE: It may take up to two weeks to reinstate coverage under your new COBRA plans. In the meantime, please plan to pay out-of-pocket for services and prescriptions. The out-of-pocket expenses can then be submitted to the insurance carriers for reimbursement. Please contact the insurance carriers directly to confirm active benefit status, reimbursement processes, and details on benefit card delivery. If you are enrolled on the ACH program (automated recurring payments) and the transaction for the effective month has already been withdrawn, you will need to submit a physical payment for the difference in premium, if applicable. Payments must be postmarked within the current month’s grace period.**

Required Signature. This form must be signed by each Qualified Beneficiary over the age of 18 that is electing the above plans. The Qualified Beneficiary is the person who will be covered by the benefit(s) being elected. This may be a spouse or dependent of the primary insurance account holder.

If the Qualified Beneficiary is below the age of 18, please check here to indicate that you have the legal authority to make benefit decisions for the minor in question:

The Qualified Beneficiary must agree to the following attestation: I, as the Qualified Beneficiary, attest that the information listed above is accurate. I further attest that I understand that I must pay for the benefits elected within the payment deadlines provided in order to have the coverage selection(s) activated. I understand that Igoe Administrative Services is simply collecting my enrollment decisions and keeping track of my account payment status. Igoe Administrative Services is not the insurance carrier and has no control over the cost of the benefits, the payment due dates, or the timeliness of my coverage activation. Should coverage not be activated within 2 weeks of my enrollment and payment being processed, I understand that I am hereby instructed to contact Igoe Member Services at 800-633-8818, option 2 to request assistance. I understand that Igoe will contact the applicable insurance carrier and the insurance Plan Sponsor as needed to assist with coverage activation.

**Signature(s) of Qualified Beneficiary and Dependent(s) over the age of 18:**

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