

COBRA Application

Please PRINT clearly or TYPE

MEMBER INFORMATION

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)	MALE	FEMALE	FIRST NAME	LAST NAME
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY	DAYTIME PHONE ()

DEPENDENT INFORMATION

Please refer to your MESSA Plan Coverage Booklet at www.messa.org for complete eligibility guidelines. If necessary, include additional dependent information on a separate sheet of paper and attach to this application.

SPOUSE	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM-DD-YYYY)	GENDER	
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Dependent	Relationship To Member			
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Dependent	Relationship To Member			
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Dependent	Relationship To Member			
			MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>

IMPORTANT: To designate or change Life Insurance beneficiaries you must submit a *Beneficiary Designation Form*, available online at www.messa.org or by calling MESSA at 888.888.4167.

COVERAGE INFORMATION

A COBRA CONTINUATION You may only continue the coverage in which you are currently enrolled.

<input type="checkbox"/> HEALTH COVERAGE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> MEMBER & SPOUSE	<input type="checkbox"/> MEMBER & CHILD	<input type="checkbox"/> FULL FAMILY	\$ _____
<input type="checkbox"/> DENTAL COVERAGE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> MEMBER & SPOUSE	<input type="checkbox"/> MEMBER & CHILD	<input type="checkbox"/> FULL FAMILY	\$ _____
<input type="checkbox"/> VISION COVERAGE	<input type="checkbox"/> MEMBER	<input type="checkbox"/> MEMBER & SPOUSE	<input type="checkbox"/> MEMBER & CHILD	<input type="checkbox"/> FULL FAMILY	\$ _____

FOR EMPLOYER'S USE ONLY

If COBRA coverage is for dependent or spouse, list enrollee SSN: _____
Qualifying Event: _____
COBRA effective date: _____
Comments: _____

EMPLOYER'S INITIALS & DATE and EMPLOYER'S STAMP (Name & Group Number)

TOTAL CONTRIBUTION

\$ _____

SIGNATURE OF APPLICANT

X

DATE (MM-DD-YYYY)