

# Cal-COBRA Election Form

## Notice of qualifying event

**PacifiCare®**  
Dental & Vision Administrators

Attn: Membership Accounting LC05-232  
PacifiCare Dental & Vision Administrators  
Post Office Box 25187  
Santa Ana, CA 92799  
Tel 800-228-3384  
Fax 714-513-6507 or 714-513-6397

Employer Name\*

Employer Group ID Number

### APPLICANT INFORMATION

Applicant Name (Last) (First) (M.I.) Relationship to Employee

Employee Name (Last) (First) (M.I.) Social Security Number

### SECTION A

► **Qualifying Event (please specify)**

- |   |  |
|---|--|
| <input type="checkbox"/> Termination or reduction in hours of employment  | <input type="checkbox"/> Loss of coverage due to employee Medicare entitlement |
| <input type="checkbox"/> Reduction in hours resulting in loss of coverage | <input type="checkbox"/> Age limitation of a dependent being reached           |
| <input type="checkbox"/> Divorce or legal separation                      | <input type="checkbox"/> Death of employee                                     |

Qualifying Event Date	Last Date of Coverage by Employer	Cal-COBRA Start Date	Cal-COBRA End Date
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### SECTION B

► **List of continuing PacifiCare Dental & Vision Administrators participants.**

- Please complete for current members (beneficiaries) who will be continuing coverage. If applicable, include employee.
- Include address of employee. Specify address of continuing member(s) if different from employee.

Last Name	First Name	M.I.	Social Security Number
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Street Address	City	State	Zip Code
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Last Name	First Name	M.I.	Social Security Number
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Street Address	City	State	Zip Code
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Last Name	First Name	M.I.	Social Security Number
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Street Address	City	State	Zip Code
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Last Name	First Name	M.I.	Social Security Number
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Last Name	First Name	M.I.	Social Security Number
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Street Address	City	State	Zip Code
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Applicant Signature

Date

Please remit all premiums due, along with this form, to:

**Attn Membership Accounting LC05-232, PacifiCare Dental & Vision Administrators, P.O. Box 25187, Santa Ana, CA 92799.**

• *Eligible employers are those that employed 2 to 19 employees on at least 50% of their working days during the preceding calendar year and not eligible for federal COBRA.*