

**1. COBRA Enrollee Information**

Name  Social Security Number

Address Number and Street

City, State, Zip Code  Phone Number (Optional)

If the enrollee is not the employee, then provide the employee's name and social security number, and your relationship to the employee.

Name of Employee  Social Security Number

Relationship to Employee

**2. COBRA Enrollee Information**

Check Type(s) of Coverage to Enroll:  Medical  Dental  Vision

Signature of Person Electing COBRA \_\_\_\_\_ Date \_\_\_\_\_

**3. Completion and Submission**

This election form must be completed and returned by to the address shown below. If mailed, it must be postmarked by the date shown above. If you elect COBRA continuation coverage, then a separate enrollment form must be completed and sent to the plan for each benefit choice. The Personnel Office will assist in the completion of the required enrollment form(s).

Department Name \_\_\_\_\_

Address \_\_\_\_\_

## PRIVACY NOTICE

This notice is provided pursuant to the Information Practices Act of 1977. The California Department of Human Resources (CalHR), Benefits Division, and the COBRA Administrator are requesting the information specified on this form pursuant to Government Code Sections 1151, 1153, Section 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

The information collected will be used for administering COBRA Continuation benefits and will be disclosed to the COBRA administrator.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR will not be able to process your request for COBRA Continuation benefits.

### **Department Privacy Policy**

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our Privacy Policy on CalHR's website ([CalHR.ca.gov](http://CalHR.ca.gov)).

### **Access to Your Information**

Information provided on this form will be maintained in confidential files of CalHR for five years. Individuals have the right of access to copies of this form on request. Send requests to:

CalHR Privacy Officer  
1515 S Street, North Building, Suite 500  
Sacramento, California 95811-7258  
916-324-0455  
[CalHRPrivacy@CalHR.ca.gov](mailto:CalHRPrivacy@CalHR.ca.gov)