



Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan, unless you are entitled to additional time under a federal policy or program. For example, you may be entitled to more time because of a national emergency. However, if you fail to elect COBRA continuation coverage and the premium assistance under the American Rescue Plan Act of 2021 (ARP) within 60 days of receipt of this form, you may be ineligible for the premium assistance and the additional COBRA election period under the ARP.

Unless you notify us otherwise, your coverage will begin on the later of April 1, 2021 or your first date of eligibility for COBRA continuation coverage.

To elect COBRA continuation coverage, complete this Election Form and return it to:

NYS Department of Civil Service, Employee Benefits Division Attn: COBRA Unit Albany, NY 12239

This Election Form must be completed and returned by mail; postmarked no later than **July 31, 2021**.

If you do not submit a completed Election Form by the due date shown above, you may lose your right to elect COBRA continuation coverage. If you decline COBRA continuation coverage before the due date, you may change your mind provided you submit a completed Election Form before the due date.

Applicant Personal Information			
Last Name		First Name	MI
Street Address		City	State Zip Code
Telephone Number ()	Date of Birth	Social Security Number	Relationship to the Employee

Dependent(s) Personal Information			
1. Last Name		First Name	MI
Date of Birth	Social Security Number	Relationship to the Employee	
2. Last Name		First Name	MI
Date of Birth	Social Security Number	Relationship to the Employee	
3. Last Name		First Name	MI
Date of Birth	Social Security Number	Relationship to the Employee	

Coverage Election	
This change applies to coverage for: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision	
Medical coverage option elected:	
I (We) elect COBRA continuation coverage in the NYSHIP option listed above.	
Print Name	Relationship to Individuals Listed Above:
Signature	Date