



**Health Account Services**

P.O. Box 942715  
Sacramento, CA 94229-2715  
**888 CalPERS** (or 888-225-7377) Fax (800) 959-6545  
TTY (877) 249-7442

HBD-85R (Rev 6/13)

**SUBJECT: CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)**

**General Information – Election**

**This form is to be used by Retirees only. For active members, please use the HBD-85 form.**

The Federal COBRA legislation allows the continuation of health and dental coverage to family members who lost their eligibility for coverage as dependents on or after August 1, 1986, for one of the following reasons:

- a. Divorce or legal separation
- b. Attainment of age 26 (child)
- c. Death of employee/annuitant (if enrolled family member is not eligible for a monthly survivor/beneficiary allowance from CalPERS)

The coverage can be continued for up to 36 months, but the premium payment (102% of the group rate) is the responsibility of the enrollee. No state contribution is available to pay for the COBRA coverage. To enroll under COBRA, please fill out the information below:

**Name and Social Security Number of (former) prime life enrollee:**

\_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Name and Social Security Number of COBRA enrollee, if different from above:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone No: (    ) \_\_\_\_\_

**QUALIFYING EVENTS:** Length of coverage is 36 months.

- Divorce or legal separation       Death of employee/annuitant
- Child attained age 26

Date of the above qualifying event: \_\_\_\_\_

**ELECTION TO ENROLL IN OR DECLINE COBRA CONTINUATION COVERAGE:**

Health Benefits    Enroll     Decline

Dental Coverage    Enroll     Decline

Signature of COBRA Enrollee: \_\_\_\_\_ Date: \_\_\_\_\_

**(mm/dd/yyyy)**

Please return this election within 60 days after receipt to the address indicated above. CalPERS will prepare the actual enrollment document and send a copy to the COBRA enrollee and to the carrier. A premium check payable to the carrier may be enclosed, or the carrier will bill the enrollee directly. The effective date for COBRA coverage is the same as the date on which coverage as a dependent is terminated.

**CalPERS**  
**Public Employees' Retirement System**  
**Health Account Services**  
P.O. Box 942715  
Sacramento, CA 94229-2715  
[www.calpers.ca.gov](http://www.calpers.ca.gov)