

**CITY OF LITTLE ROCK**

**2021 Continuation of Benefits Procedure - This is NOT an official COBRA ELECTION FORM**

Name (Last, First, M.I.)		Social Security No. <b>XXX-XX-</b>	EE No.
Qualifying Event (Termination, Divorce, etc.) <b>Termination, Retirement, or Resignation</b>		Date of Qualifying Event	
Street Address		City, State, Zip	Phone
Email Address:			
Date of Birth	Date of Hire	COBRA Coverage	
		Begins:	Ends:
The City of Little Rock has paid for your health & dental coverage through:		Retiree Coverage	
		Begins:	Ends:

**Continuation of Coverage:** Under federal COBRA regulations, you have the right to continue your City of Little Rock group benefits plans. Consolidated Administrative Services (CAS), our third party COBRA administrator, will send you an official COBRA election notice in the near future. If you wish to continue your benefits coverage, return the election form indicating the benefits you wish to continue. CAS will send you premium invoices, and you will remit monthly payments to them. You will have a **60 day** grace period in which to make your benefit election.

The following is a summary of your current benefit coverage and monthly premiums:

COBRA	Medical Base	Medical Buy-Up #1	Medical Buy-Up #2	Dental	Expanded Dental	Vision
Single	\$565.06	\$644.06	\$672.74	\$20.86	\$38.39	\$5.00
Family	\$1,251.04	\$1,425.93	\$1,489.41	\$55.77	\$109.61	\$7.00
RETIREE	Medical Base	Medical Buy-Up #1	Medical Buy-Up #2	Dental	Expanded Dental	Vision
Single	\$141.27	\$220.27	\$248.95	\$5.22	\$22.75	\$1.25
Family	\$827.74	\$1,002.14	\$1,065.62	\$40.13	\$93.97	\$3.25

**Total estimated monthly premiums during the COBRA 6 or 18 month period:** \_\_\_\_\_

**Total estimated monthly premiums after COBRA:** \_\_\_\_\_

NOTE: Only the covered employee, covered spouse and/or covered dependent(s) who are covered immediately preceding the date of separation will be allowed to extend City of Little Rock group coverage(s).

- **Electing COBRA Coverage:** To elect COBRA coverage, you must complete the COBRA Coverage Election Form and submit it to CAS by the deadline specified on the COBRA Coverage Election Form. **Failure to do so will result in the loss of the right to elect COBRA coverage under the Plan.** Online Election, Online Payment, and Pay by Phone are options you may utilize to speed up the enrollment and payment process.
- **Online Election:** To elect online and to set up your account for the first time, go to [www.consolidateadmin.com](http://www.consolidateadmin.com), click on create your new username & password link under 'New User'. You will enter your first & last name, zip code & your SS #. Follow the screen instructions to set your secure log-in and password. Oral elections will not be accepted. Contact CAS at 877-941-5956.
- **Pay by Phone:** To pay by phone, call 877-941-5956. Payment can be made by credit/debit card or checking account information over the phone. The fees listed in the letter will still apply.

**\*\*After you have paid CAS for your initial month of coverage, your elected benefits will be reinstated, retroactive to the date of your loss of coverage. Payments must be received by Due Date\*\***

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature (Confirms receipt of notice)

\_\_\_\_\_  
Date