

COBRA ELECTION FORM

NAME _____ ADDRESS _____

LAST FOUR DIGITS OF SS# _____ PLAN #101

YOU MAY CONTINUE PARTICIPATION IN YOUR GROUP HEALTH AND DENTAL PLANS AS OUTLINED IN THE SUMMARY OF COBRA RIGHTS.

I HAVE READ "A SUMMARY OF YOUR COBRA RIGHTS" AND

_____ I HAVE CHOSEN NOT TO ELECT COBRA CONTINUATION COVERAGE

_____ I HAVE MADE THE FOLLOWING ELECTIONS:

Check elections below.

AllWays Health Partners		
	COBRA	Total
Single	\$612.03	_____
EE+Child	\$1,132.26	_____
EE+Spouse	\$1,124.06	_____
Family	\$1,744.29	_____

AllWays Health Partners		
	COBRA	Total
Single	\$828.36	_____
EE+Child	\$1,532.48	_____
EE+Spouse	\$1,656.73	_____
Family	\$2,360.84	_____

Delta Dental		
	COBRA	Total
Single	\$53.00	_____
Family	\$134.00	_____

Monthly Total Due: _____ *checks payable to BeneTemps*

SIGNED _____ DATE _____

Return this form and all cobra payments to: **Beth Kilcup, BeneTemps, Inc. 738 Main Street, #337, Waltham, MA 02451** (fax 781-474-5642). Payment is due by the 1st of each month and you will not receive a monthly bill or reminder that your payment is due.