NOTICE/ELECTION OF CONTINUATION OF BENEFITS UNDER COBRA
Medical Flex Spending Benefit

Name of Employer	Notice Date
Name of Plan: Employer Name Here Flex Plan	
Name of Qualified Beneficiary (Employee)	SSN of Qualified Beneficiary (Employee)
Full Home Mailing Address	Home Phone Number
City, State and Zip Code	Date of COBRA-Qualifying Event Shown Below

Qualifying Event (check one):

- ☐ Termination of employment for any reason other than gross misconduct
- ☐ Reduction in hours of employment
- ☐ Death of the covered employee
- ☐ Other (explain) _____

Your COBRA premiums are: $_____ per month or $_____ for the balance of this year

Please check one	**I have been notified of my COBRA rights and my options to continue participating in this benefit program for the balance of the Plan Year. I hereby make the following election:**
☐	I hereby elect to continue participating in the above Plan

If you have elected to COBRA to continue this benefit, please check one:

☐	I will pay the COBRA premiums monthly on an after-tax basis
☐	I would like to pay the premiums *pre-tax* in full for the balance of this plan year from my earnings and hereby authorize the employer to withhold the amount shown from my pay. (This option is available only if you have sufficient earnings available.)

☐	I do not elect COBRA to continue participating in this benefit plan. I understand that as a result of this decision, my participation will not continue beyond the event date shown above and I may only file claims for expenses incurred *(services received)* prior to that date.

Signature _____ **Date** _____

IMPORTANT INFORMATION:	
We must receive a completed copy of this notice by:	
Make your COBRA premium checks payable to:	
This form, and all COBRA premiums, should be sent to:	

NOTICE: Claims submitted for reimbursement of services incurred after your termination date will not be processed for reimbursement until and unless: (1) you submit this completed form by the date shown above, and; (2) you have paid the COBRA premiums for the month in which the services were incurred.