



Adjunct COBRA Enrollment

PSC -CUNY Welfare Fund

61 Broadway 15th Floor
 New York, NY 10006
 212-354-5230 fax 212-354-5363

Enrollee	
Last Name _____	First Name _____
Street Address _____	
City _____	State _____ Zip Code _____
Social Security Number _____	

Qualifying Event	Check one:
Loss of Employee's Coverage by Termination or Reduction of Hours	<input type="checkbox"/>
Spouse Loss of Coverage due to Divorce	<input type="checkbox"/>
Spouse / Child Loss of Coverage due to Death of Employee	<input type="checkbox"/>
Dependent Child Loss of Coverage due to Age / Schooling limit	<input type="checkbox"/>

Covered Dependents	Name	Social Security Number
Spouse	_____	- - _____
Dependent Child	_____	- - _____
Dependent Child	_____	- - _____
Dependent Child	_____	- - _____

Election of Coverage	Check ONE box Below. The <u>Monthly</u> Premium is listed beside the option. Your Carrier must remain the same as immediately prior to your COBRA eligibility.			
	<u>Individual</u>		<u>Family</u>	
<u>Metropolitan New York Area</u>	<input type="checkbox"/> HIP Prime	\$502.43	<input type="checkbox"/> HIP Prime	\$1,230.96
	<input type="checkbox"/> Blue Cross HMO	\$537.25	<input type="checkbox"/> Blue Cross HMO	\$1,396.86
<u>Resident of NJ or CT</u> <i>Outside Service Area --></i>	<input type="checkbox"/> Blue Cross HMO	\$537.25	<input type="checkbox"/> Blue Cross HMO	\$1,396.86
	<input type="checkbox"/> Blue Cross EPO	\$681.35	<input type="checkbox"/> Blue Cross EPO	\$1,767.41
<u>Mid-Hudson Service Area</u>	<input type="checkbox"/> Blue Cross HMO	\$589.82	<input type="checkbox"/> Blue Cross Direct	\$1,533.52
<u>Albany Service Area</u>	<input type="checkbox"/> Blue Cross HMO	\$494.34	<input type="checkbox"/> Blue Cross Direct	\$1,285.29

I hereby request that I continue my health insurance coverage through exercise of my COBRA rights. I have fully read the enclosed information and agree to the terms. I understand that I will not be billed by the Fund and that my COBRA rights will be voided by failure to pay my premium on time.

 Member's Signature

 Date