

CONTINUATION COVERAGE ELECTION FORM

IMPORTANT: This form must be completed and returned by mail by no later than August 2/2019.

Send completed form to:

Sheet Metal Workers Local Union No.7, Zone 2 Health Care Plan
6525 Centurion Dr., Lansing, MI 48917
1-866-887-4338 TOLL FREE or (517) 321-7502

I (We) elect to continue our coverage in the Sheet Metal Workers Local Union No.7, Zone 2 Health Care Plan (the Plan) as indicated below:

Name	Date of Birth	Relationship to Employee	BCBS ID Number
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

Type of coverage elected:

COBRA CONTINUATION COVERAGE without Dental (rates effective January 1, 2019)

- \$373.71 Medical & Vision - Single Coverage
- \$896.91 Medical & Vision – Two Person Coverage
- \$1,121.13 Medical & Vision - Family Coverage

COBRA CONTINUATION COVERAGE with Dental (rates effective January 1, 2019)

- \$402.46 Medical/Dental/Vision Single Coverage
- \$950.17 Medical/Dental/Vision 2 Person Coverage
- \$1,222.95 Medical/Dental/Vision ONLY Family Coverage

DECLINATION OF COVERAGE:

I do NOT desire to purchase the COBRA CONTINUATION COVERAGE.

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone Number