



**Election Form for Continuation Coverage  
Available Under Federal Law (COBRA)**

**THIS SIDE FOR COMPLETION BY EMPLOYER OR PLAN ADMINISTRATOR**

Employer Name: The Episcopal Diocese of Dallas  
Attention: Missioner for Diocesan Service  
Address: 1630 N. Garrett Ave, Dallas, TX 75206

Metropolitan Customer Number: **05599495**

Qualified Beneficiary Name: \_\_\_\_\_

Date of Qualifying Even: \_\_\_\_\_

**Qualifying Event (check one):**

18 Month Period Maximum

- Termination of Employment
- Reduction of Hours

36 Month Period Maximum

- Divorce or Legal Separation
- Death of Employee
- Child Ceasing to be Dependent Under Plan
- Employee Eligible for Medicare

Date Coverage Will End if Continuance is Not Elected: \_\_\_\_\_

Last Day to Elect: (30 days from termination) \_\_\_\_\_

**COST**

The premium includes the employee contribution under the plan, and is based on the current plan. Coverage and rates are both subject to change. Payment is to be sent to the employer at the above address by the 1<sup>st</sup> of each month.

Fill in below the total charge for which the qualified beneficiary is responsible. Dental coverage can only be elected independently if you give an active employee the right to elect dental without medical.

Only those coverages that were in effect at the time the qualifying event occurred may be continued. Only those persons actually insured on the date the qualifying event occurred can be continued. New eligible dependents may be added in accordance with the provisions of the group plan.

Available Coverage	Single Rate (One Qualified)	Employee + Spouse (Two Qualified)	Family Rate (Three or More Qualified)
Dental (Contact Diocese of Dallas for Other Monthly Rates)	\$31.44 per month	\$62.88 per month	\$106.77 per Month
Total First Payment from Qualified Beneficiary	\$62.88	\$125.76	\$213.54

\_\_\_\_\_  
Signature or Authorized Representative of Employer

\_\_\_\_\_  
Date Notice Provided to Qualified Beneficiary