



1901 Las Vegas Blvd. So Suite 107
Las Vegas, Nevada 89104-1309
(702) 733-9938
www.culinaryhealthfund.org

COBRA CONTINUATION COVERAGE ELECTION FORM

I (We) elect COBRA continuation coverage in the Culinary Health Fund (the Plan) as indicated below:

Please list below each person (“qualified Beneficiary”) you want to elect COBRA Continuation Coverage.

Name	Date of Birth	Relation to Employee	SSN

Type of coverage elected (check only one):

COBRA Monthly Rates

- CORE:** Medical and Prescription Only \$
- CORE PLUS:** Medical, Dental, Vision, Prescription \$

COBRA Rates change effective April 1st of each year.

Please note: If you, your spouse, or your dependent is eligible for Medicare, COBRA Continuation Coverage is your secondary payer to Medicare. If not yet eligible for Medicare, COBRA Continuation Coverage ends when Medicare is effective.

Signed

Date

Print Name

Relationship to individual(s) above

Telephone number

Print Address

Send completed election form before the due date to:

Contribution Accounting Department
Culinary Health Fund
1901 Las Vegas Boulevard South, Suite 107
Las Vegas, NV 89104-1309