

**CAPITAL AREA HEALTH CONSORTIUM**

Group #: 068965-MC01

068965-MC02

068965-VC03

**ELECTION TO CONTINUE HEALTH BENEFITS – COBRA**

Employee \_\_\_\_\_

ANTHEM ID# \_\_\_\_\_

Date of Qualifying Event: \_\_\_\_\_ Date Coverage Terminates: \_\_\_\_\_ Date Notice Must Be Postmarked By: \_\_\_\_\_

**NAME                                      BIRTH DATE                                      SSN                                      RELATIONSHIP TO EMPLOYEE                      MEDICAL                      DENTAL                      VISION**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Monthly Continuation Coverage Rate –  Coverage for up to 18 Months (Terminating Employees) COBRA end date: \_\_\_\_\_  
 Coverage for up to 36 Months (Divorced/Legally Separated/Deceased) COBRA end date: \_\_\_\_\_

	ONE PERSON	TWO PERSON	FAMILY
CENTURY PREFERRED	\$723.75	\$1,431.80	\$1,892.75
DENTAL	\$32.07	\$83.39	\$103.84
VISION	\$4.62	\$8.96	\$14.31
	\$760.44	\$1,524.15	\$2,010.90

These are the 2024-2025 rates, which adjust yearly on 7/1.

Make check payable to:  
**Capital Area Health Consortium**  
 270 Farmington Ave., Suite 352  
 Farmington, CT 06032  
 Phone: 860-676-1110

Payments are due the 1st of each month. CAHC will not send notices or invoices of payments due. The amounts listed are the cost/per month.