

CSU ACTIVE BASIC COBRA FORM



ELECTION OF CONTINUED VISION COVERAGE THROUGH COBRA

Questions? Call 800.400.4569

Group Name: CALIFORNIA STATE UNIVERSITY #30059426	Date of Qualifying Event:	Date COBRA Coverage Begins:
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ELECTING CONTINUATION OF VISION CARE COVERAGE:

DESCRIPTION OF QUALIFYING EVENT:

ELIGIBILITY PERIOD:

COBRA APPLICANT INFORMATION:

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CURRENT/FORMER EMPLOYEE INFORMATION:

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MONTHLY CONTRIBUTION AMOUNT:

\$7.24

PAYMENT REQUIREMENTS:

NOTIFICATION AGREEMENT and SIGNATURES (Parent or Legal Guardian must sign if dependents are minor children):

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RETURN COMPLETED FORM TO:
 VSP/COBRA ADMINISTRATOR
 PO BOX 997100
 SACRAMENTO, CA 95899-7100
 Or Fax to: 916.389.8305
 Or Email to: CSUniv@vsp.com