



**OKLAHOMA**  
Employees Group  
Insurance Division

## Employees Group Insurance Division ELIGIBILITY FOR CONTINUATION OF COVERAGE

### PLEASE COMPLETE AND RETURN IF ELECTING COBRA

As a retiree, vested or non-vested member, you are eligible to retain your health, dental, vision and/or life insurance with no time limitations as long as your premiums are paid each month. If you elect to continue your coverage as a retiree, vested or non-vested member, please complete the required Application For Retiree/Vested/Non-Vested/Defer Insurance Coverage form.

As a COBRA participant, you are eligible to retain health, dental and/or vision for a maximum time period of 18 months. Once you have reached the maximum 18-month limit, there is no insurance coverage available through the Office of Management and Enterprise Services Employees Group Insurance Division.

By signing this form, you acknowledge that you have read the above and understand the options regarding your continuation of insurance coverage as a COBRA participant. You cannot transfer coverage once your election is made.

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Member name

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Signature

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Date

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Social Security Number