**Extended Vision Insurance**

**COBRA • Enroll •**

If you feel you have received this or another enclosed form in error, please call Employee Benefits at (706) 542-2222.

To be eligible for COBRA, you must have been an active participant in the plan prior to the qualifying event.

I request:

☐ Continuation of my vision insurance

Are you or your dependents covered under any other group/employer vision insurance program?

☐ Yes  ☐ No

If yes, you are not eligible for UGA COBRA vision insurance. No need to submit this form. If no, complete the form and submit as indicated below.

**APPLICANT'S NAME**

Last  First  MI  UGA employee ID# (81x)

**BILLING ADDRESS (include city, state, zip)**

**DATE OF BIRTH**

Mo.  Day  Year

**QUALIFYING EVENT**

- Terminated employment
- Reduction in hours
- Transferred to ineligible position

**DATE OF QUALIFYING EVENT**

Mo.  Day  Year

**Coverage desired**

- Applicant only
- Applicant + child
- Applicant + spouse/domestic partner
- Family

**Complete & return this form to:**

Employee Benefits
Human Resources Bldg.
215 South Jackson Street
Athens, GA 30602-4133

**Dependents are eligible for COBRA only if they were covered the day prior to the qualifying event (death, termination of employment, etc.)**

List all eligible individuals you wish to cover.

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<th>Last name</th>
<th>First name</th>
<th>Gender</th>
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*Complete an “Application for Unmarried Dependent Student” form for children over age 19, available at: [http://www.hr.uga.edu/benefits-forms](http://www.hr.uga.edu/benefits-forms)*

Information regarding the University System of Georgia vision plan benefits is available at: [http://www.usg.edu/hr/benefits/vision](http://www.usg.edu/hr/benefits/vision)

Revised January 27, 2014