



Please submit this form to the Human Resource Service Center
E-mail to: hrsc@austin.utexas.edu
Fax to: 512-232-3524

Mail to: Human Resource Service Center, The University of Texas at Austin,
1616 Guadalupe St, Suite 1.408, Austin, TX 78701

HR use only
IR255 Term date Date available/sent Initial

Employee Information

Last name First name Middle initial UT EID

Street address City State Zip code

Date of birth Home phone E-mail address

Applicant Information Same as employee

Dependent last name Firstname Middle initial Date of birth

Dependent last name Firstname Middle initial Date of birth

Dependent last name Firstname Middle initial Date of birth

If address is different than employee address please complete below.

Street address City State Zip code

COBRA

You have 60 calendar days from the date you lose coverage to enroll

Reason for establishing COBRA eligibility

- Reduction of work hours (18 months coverage)
Termination of employment (18 months coverage)
Dependent ceasing to be eligible (36 months coverage)
Legal separation or divorce (36 months coverage)
Social Security disabled, if approved by COBRA administrator (29 months coverage)
Death of subscriber, if employed less than 5 years (36 months coverage)

Medical/Prescription Coverage UT Select PPO (BCBS) I do not want medical coverage

Level of coverage Subscriber only Subscriber & child(ren) Subscriber & spouse Subscriber & family

Tobacco Premium Program Declare Tobacco user(s) No tobacco users Subscriber Spouse Child(ren)

Maximum cost of \$30 per month regardless of how many covered dependent children use tobacco. Maximum cost per family is \$90 per month.

Dental Coverage UT Select Dental (Delta) UT Select Dental Plus (Delta) Deltacare USA (Delta) I do not want dental coverage

Level of coverage Subscriber only Subscriber & child(ren) Subscriber & spouse Subscriber & family

Vision Coverage Superior Vision Superior Vision Plus I do not want vision coverage

Level of coverage Subscriber only Subscriber & child(ren) Subscriber & spouse Subscriber & family

Please indicate how you would like to receive your COBRA application by choosing one of the options below.

- Please e-mail the application(s) to the e-mail address at the top of this page.
Please send the application(s) to the mailing address at the top of this page.
I will pick-up the application(s) from the HR Service Center on the first floor of UTA.

Please allow 5-7 business days from the time you submit this request form.

Signature of employee/applicant Date