

Pennsbury School District

COBRA CONTINUATION OF COVERAGE ELECTION FORM – July 1, 2022- to June 30, 2023

Applicant Name: _____	Employee Name: _____ (If different from Applicant Name)
Applicant SS#: _____	Date of Qualifying Event: _____
Phone Number: _____	
Address: _____	
Email Address: _____	Applicant Date of Birth: _____

Dependents to continue coverage:

Name	Social Security Number	Birth Date	Sex
Spouse _____			
Dependent _____			
Dependent _____			
Dependent _____			
Dependent _____			

Current Monthly Coverage Cost from July 1, 2022 to June 30, 2023

Please circle coverage desired

	Single	Employee/ Spouse	P/Child	P/Children	Family
PPO 20/40	\$501.94	\$1,158.50	\$776.60	\$1,095.08	\$1,490.88
PPO 10/20	\$522.36	\$1,205.47	\$807.49	\$1,139.48	\$1,550.78
PPO 20/20 (Cert./Admin/FLS only)	\$527.76	\$1,217.88	\$815.65	\$1,151.22	\$1,566.61
QPOS 30/40 Primary Care Physician # _____	\$431.59	\$996.61	\$670.16	\$942.06	\$1,284.48
RX 15/30/50	\$123.96	\$285.23	\$187.51	\$269.56	\$363.70
UCCI Dental Flex Plan (PPO)	\$23.02	\$63.30	\$63.30	\$63.30	\$63.30
UCCI Dental Plus Plan (DHMO)	\$18.56	\$53.42	\$53.42	\$53.42	\$53.42
Delta Dental Premier Plan	\$31.92	\$84.56	\$84.56	\$84.56	\$84.56
Total Monthly Cost:	\$	\$	\$	\$	\$

Signature: _____

Date: _____