

COBRA Enrollment Application

721 South Parker, Suite 200, Orange, CA 92868 (800) 558-8003 • www.calchoice.com

Application must be COMPLETED in FULL, SIGNED and DATED for processing. PLEASE DO NOT ALTER THIS FORM AS THIS WILL DELAY PROCESSING.

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☐ Involuntary Termination ☐ Death of Employee ☐ Divorce/Legal																					
Resignation Medicare Entitlement Separation from Employee													Date of Election (MM/DD/YYYY)								
☐ Reduction of Hours ☐ Child No Longer Eligible																	(,	٦	
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† Date of Election is the date of	of postmark,	fax, or c	other o	delivery	/ mear	ns whe	en the	applicant	returr	ed this	form.							_			
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