



Benefits Center
301 University, RT0140
Galveston, TX 77555-0140

SUGGESTED COBRA GUIDELINES For Flexible Spending Accounts

<u>Occurrence</u>	<u>Your Action</u>
Qualifying event occurs	Mail out COBRA notification to employee's home
COBRA notification is returned	Individual elects continuing coverage on his/her form. Complete attached FSA Election Form and mail to: Anthem Flexible Benefits Unit P.O. Box 10 Greenwood, IN 46142 Fax: 317.8889.2821 Monies are to be sent to you including administrative fees applicable (monthly contribution times 2%). Monthly contribution is forwarded to Anthem for continuation of FSA Account.
COBRA notification is not returned	Individuals who do not elect COBRA will probably not respond. After their election period has ended, no further action is needed.

BECAUSE OF FREQUENT CHANGES IN COBRA LEGISLATION, WE ENCOURAGE YOU TO CONSULT YOUR OWN LEGAL COUNSEL ON AREAS THAT YOU QUESTION OR DO NOT UNDERSTAND.



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COBRA ELECTION FORM FLEXIBLE SPENDING ACCOUNT

Social Security Number: _____

Name: _____

Effective date of qualifying event: _____

Annual election from date of qualifying event to plan year end: _____

Monthly contribution: \$ _____

(Annual election divided by months remaining from qualifying event)

Mail completed form to:

Anthem
Flexible Benefits Unit
P.O. Box 10
Greenwood, IN 46142
Fax: 317.889.2821

Disclosure of the Social Security Number is required as a unique identifier to ensure your payroll, benefits, and employee records information is correct for Federal and State agency reporting purposes. The Social Security Administration requires the University of Texas Medical Branch to report SSNs annually for all employees to whom compensation is paid. No statute or other authority requires that you disclose your SSN; however, it is mandatory on the form for the reasons stated above. Further disclosure of your SSN will be governed by the Public Information Act (Chapter 552 of the Texas Government Code).