

Information and Instructions

If the person selecting group continuation coverage is not the group subscriber (the employee), a signed application must be included with this form. The application is located online at: <http://www.bussvc.wisc.edu/ecbs/vis-application-form-vision-benefits.pdf> or you may contact your employer's benefits office for a paper application.

In order to continue coverage, you must submit this form and application, if applicable, within 60 days of the date on the enclosed notice or within 60 days of your coverage end date, whichever is later. Coverage may be continued for up to 18 months for all continuants except retirees who may continue coverage indefinitely.

Do not include any money with this application. "Your Benefit Plan," OptumHealth's third party administrator will bill you directly.

Send completed form(s) to:

<p><u>If you did not involuntarily terminate employment</u> (e.g. you voluntarily resigned or retired) between September 1, 2008 and February 28, 2010 and/or you are not eligible for COBRA premium assistance, send completed forms(s) to:</p> <p>Your Benefit Plan PO Box 50340 Indianapolis, IN 46250-0340 Fax: 317-598-0700 Phone: 1-888-484-0048 ext. 5110</p>	<p>If you involuntarily terminated employment between September 1, 2008 and February 28, 2010 and/or you are applying for COBRA premium assistance, send completed forms(s) to:</p> <p>Your employer's benefits office</p>
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