

USERRA Election Form



If you would like to continue your coverage under the Plan pursuant to your USERRA rights, please complete the information below and return this form to:

Blue Cross and Blue Shield of Kansas, 1133 SW Topeka Blvd., Topeka, KS 66629-0001.

I hereby certify that I have read and understand the USERRA Notice that was provided with this Election Form. I further certify that I am or will be absent from work due to service in the uniformed services. I hereby elect, pursuant to my USERRA continuation rights, to continue coverage under the _____ Medical Plan while I am absent from work due to service in the uniformed services for:

- Myself only, or
- Myself and the following eligible dependents (list names):

Full Name: _____

Date of Birth: _____ Social Security No.: _____

Address: _____

City: _____ State: _____ ZIP: _____

Your Signature: _____ Date: _____
(Or the signature of your authorized representative)