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## MSP-COBRA SELECTION FORM

Date: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ ID Number: \_\_\_\_\_

Applicant: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Your employer is required to offer MSP-COBRA (formally TEFRA) to active employees and their spouses who are 65 or older. These individuals can choose group coverage or Medicare as their primary coverage.

If you choose the group's coverage as primary, your benefits will remain the same until you retire.

If you choose Medicare as primary, your membership will be transferred to the direct enrolled Plan 65 coverage.

Please complete the questions below and return to our office within 30 days.

1. Do you have Medicare coverage? ( )YES ( )NO

a. If YES, please give your effective date for:

Part A - Hospital \_\_\_\_\_ Part B - Doctor \_\_\_\_\_

Medicare Number: \_\_\_\_\_

(This is the Medicare claim number from your Medicare card.)

b. If NO, do you intend to apply for Medicare? ( )YES ( )NO

2. I select the following as my primary coverage:

\_\_\_\_\_ Group's coverage

\_\_\_\_\_ Medicare

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_