



**BlueCross
BlueShield
of Kansas***

1133 SW Topeka Boulevard
Topeka, Kansas 66629-0001

In Topeka - (785) 291-7000
In Kansas - (800) 432-0216

Web site: www.bcbsks.com

MSP-COBRA SELECTION FORM

Date: _____

Group Name: _____

Group Number: _____ ID Number: _____

Applicant: _____

Birth Date: _____ Social Security Number: _____

Applicant is spouse of employee: _____

Your spouse's 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 as long as your spouse is an active employee.

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

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:

_____ Spouse's group's coverage

_____ Medicare

Applicant's Signature _____ Date _____