



DENTAL HEALTH PLAN
An Affiliate of Delta Dental Plan
of California

COBRA ELECTION FORM

You and your dependents, if they were previously covered, have the right to continue dental coverage as provided by your former employer.

If you elect to continue coverage, the benefits will be available until:

- e) The expiration of 18 or 36 months following the date coverage ceases (see exception below).
 - f) You are or become covered under another dental plan.
 - g) You fail to pay the monthly premium within 30 days of the due date.
 - h) Your former employer's PMI plan is no longer in force.
1. You have 60 days from the date of this notice or from the date your previous coverage terminated - whichever is later - to notify us of your election. Please complete the information on the reverse side of this page and return it to the address indicated.
 2. To begin coverage, you must make your first payment within 45 days of signing and returning this form. Your first payment may include all monthly premiums due or the first month of your coverage only.
 3. Your next payment is due 30 days after the first payment; it **MUST** include all remaining monthly premiums to bring your account current.
 4. Subsequent monthly payments are due on the first of each month. Any payment not received within 30 days of the due date will cause your coverage to terminate.

EXCEPTION

If you are disabled before or within the first 60 days after you become eligible for this continuation benefit and remain disabled for the term of COBRA, you will be able to extend your COBRA benefit up to an additional 11 months with premiums to be determined. You must notify us within 60 days of notification by the SSA of your disability status and within your original continuation period.

NOTE: If you wish to elect COBRA, please complete the back of this form and return it to PMI at the address provided below. Also provided below are telephone numbers for all questions and inquiries.

PMI
12898 Towne Center Drive
Cerritos, CA. 90703

(800) 422-4234

