

**UNIVERSITY OF NEBRASKA  
COBRA INSURANCE CHANGE FORM  
2012**

**This form should only be completed if you are making a change or canceling coverage.  
Deadline for submitting changes is December 2, 2011.**

**Participant Election**

**I wish to add/change my medical coverage as follows:**

**Type of coverage** (check one of the following)

- Blue Cross Blue Shield Low
- Blue Cross Blue Shield Basic
- Blue Cross Blue Shield High
- I wish to cancel my medical insurance

**Who is Covered:** (check one)

- Participant Only
- Participant & Spouse
- Participant & Child(ren)
- Participant & Family

**I wish to add/change my dental coverage as follows:**

**Type of coverage** (check one of the following)

- Blue Cross Blue Shield Dental
- I wish to cancel my dental insurance

**Who is Covered:** (check one)

- Participant Only
- Participant & Spouse
- Participant & Child(ren)
- Participant & Family

**I wish to add/change my vision care coverage as follows:**

**Type of coverage** (check one of the following)

- EyeMed Vision Care
- I wish to cancel my vision care insurance

**Who is Covered:** (check one)

- Participant Only
- Participant & Spouse
- Participant & Child(ren)
- Participant & Family

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Personnel Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF YOU ARE NOT MAKING ANY CHANGES IN COVERAGE FOR 2012, YOU DO NOT NEED TO RETURN THIS FORM.** If making a change, please return to your Campus Benefits Office as listed on the last page of the COBRA NUFlex Newsletter.

**See reverse side for spouse election information.**

**Spouse Election**

Your spouse under COBRA has the right to make different COBRA enrollment choices (i.e., choose a different medical plan, etc.) *Only your spouse has the right to cancel their coverage.* If a different choice is desired by your spouse, complete the following:

**I wish to add/change my medical coverage as follows:**

**Type of coverage** (check one of the following)

- Blue Cross Blue Shield Low
- Blue Cross Blue Shield Basic
- Blue Cross Blue Shield High
- I wish to cancel my medical insurance

**Who is Covered:** (check one)

- Spouse Only
- Spouse & Child(ren)

**I wish to add/change my dental coverage as follows:**

**Type of coverage** (check one of the following)

- Blue Cross Blue Shield Dental
- I wish to cancel my dental insurance

**Who is Covered:** (check one)

- Spouse Only
- Spouse & Child(ren)

**I wish to add/change my vision care coverage as follows:**

**Type of coverage** (check one of the following)

- EyeMed Vision Care
- I wish to cancel my vision care insurance

**Who is Covered:** (check one)

- Spouse Only
- Spouse & Child(ren)

\_\_\_\_\_  
Spouse Name (Please Print)

\_\_\_\_\_  
Personnel Number

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

**IF YOU ARE NOT MAKING ANY CHANGES IN COVERAGE FOR 2012, YOU DO NOT NEED TO RETURN THIS FORM.** If making a change, please return to your Campus Benefits Office as listed on Page 4 of the COBRA NUFlex Newsletter.