



63-7790-2531

2106

Richard Gardner

2/10 2012

Pay to First Service Administrators Inc \$ 518.51

The order of Five hundred eighteen and 5/100 Dollars

SPACE COAST
CREDIT UNION
PALM COAST, FL

for 4014

R. Gardner

HEALTH BENEFITS CONTINUATION PLAN ENROLLMENT FORM



County of Volusia Health Partnership Plan

02/01/2012

Mr. Richard Gardner

Telephone: 386- [REDACTED]

Department:

Qualifying Event: Termination

First Day After Loss of Coverage / First Day Continuation Coverage will Begin: 01/21/2012

List Eligible Persons to be Covered Below: (Persons Previously Covered Only)

Name: Last	First	M	Birth Date	Sex	SSN #
_____	_____	_____	__/__/__	M/F	__-__-__
_____	_____	_____	__/__/__	M/F	__-__-__
_____	_____	_____	__/__/__	M/F	__-__-__
_____	_____	_____	__/__/__	M/F	__-__-__
_____	_____	_____	__/__/__	M/F	__-__-__

MED-DEN-05A	QB Only	\$373.53
VISION	QB Only	\$9.18

Total: \$382.71

I HEREBY REQUEST ENROLLMENT IN THE HEALTH BENEFITS CONTINUATION PLAN FOR MYSELF AND ELIGIBLE QUALIFIED DEPENDENTS LISTED ON THIS FORM AND AGREE TO PAY THE PREMIUM AS REQUIRED. I UNDERSTAND THAT CONTINUATION COVERAGE WILL TERMINATE UNDER SEVERAL CIRCUMSTANCES, INCLUDING: THE DATE I OR A CONTINUED DEPENDENT BECOME COVERED UNDER ANOTHER GROUP HEALTH/DENTAL PLAN, BECOME ENTITLED TO MEDICARE, OR ON THE DATE ON WHICH THE GROUP HEALTH/DENTAL PLAN ENDS. I ALSO UNDERSTAND THAT IF I WAS DISABLED WITHIN 60 DAYS OF THE COBRA QUALIFYING EVENT, I MAY BE ELIGIBLE FOR EXTENDED CONTINUATION COVERAGE, AND THAT ANY BREAK IN CONTINUED COVERAGE OF MORE THAN SIXTY-THREE DAYS MAY CAUSE LOSS OF COVERAGE "PORTABILITY".

Richard Gardner DATE: 02/10/12
Signature of Richard Gardner

NOTE: In order to be enrolled in the Health Benefits Continuation Plan this ENROLLMENT FORM must be received no later than 03/31/2012.
Please send completed form to:

First Service Administrators Inc
3035 Lakeland Hills Blvd
Lakeland, FL 33805

REC'D FEB 13 2012

63-7790-2631 2109

Richard Gardner
[REDACTED] 02/29 2012

Pay to First Service Administrators \$ 382.71
 the order of Three hundred eighty two & $\frac{71}{100}$ Dollars

SPACE COAST
 CREDIT UNION
 PALM COAST, FL

for March *OR Gardner*

[REDACTED] 2109

Mail All Payments To:
 First Service Administrators Inc
 3035 Lakeland Hills Blvd
 Lakeland, FL 33805

Mr. Richard Gardner
[REDACTED]

Signature: *OR Gardner*

Change of Address? Y N - print on back

Date: 02/29/12

Due Date: 03/01/2012

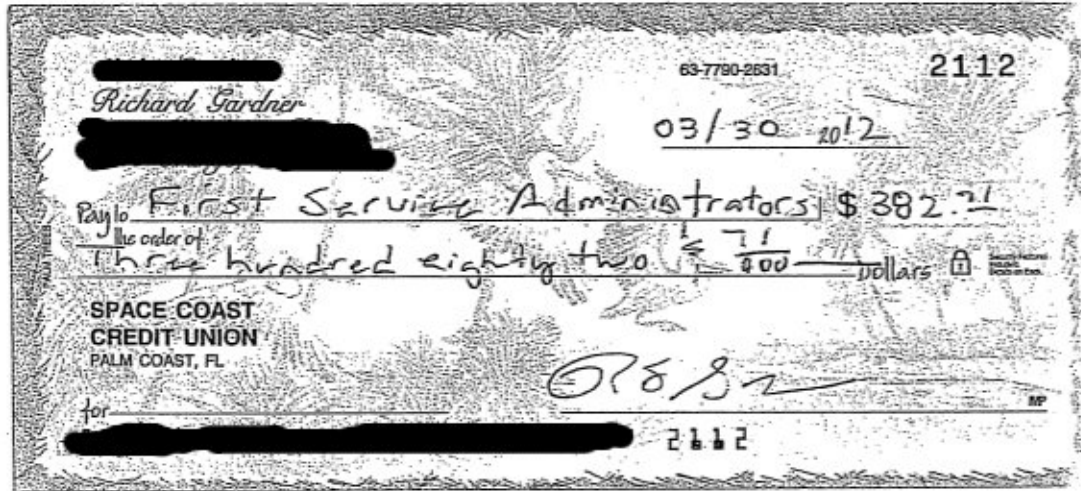
Have You Become Covered by Medicare? Y N

Amount Due: \$382.71

Have You Become Covered by Another Group Plan? Y N

Amount Enclosed: \$382.71

2081/##



Mail All Payments To:
First Service Administrators Inc
3035 Lakeland Hills Blvd
Lakeland, FL 33805

Signature: Richard Gardner

Date: 03/30/12

Have You Become Covered by Medicare? N Due Date: 04/01/2012

Have You Become Covered by Another Group
Plan? N Amount Due: \$382.71

2081/##

Mr. Richard Gardner

Change of Address? N - print
on back

Amount Enclosed: \$ 382.71