

LANSING PUBLIC SCHOOLS - GROUP 672  
COBRA HEALTH ELECTION

I elect to continue my health coverage after the MESSA COBRA Subsidy for Layoff (CSL) has expired. I understand that I am responsible for paying the monthly premium effective the first of the month following the expiration of the MESSA CSL.

I elect to cancel my health coverage after the MESSA CSL has expired.

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

SSN or  
MESSA ID \_\_\_\_\_

Signature: \_\_\_\_\_

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

**OFFICE USE ONLY:**

- copy sent to MESSA

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