



CONTINUATION OF BENEFITS APPLICATION FORM

Employer Information

Name: _____

Address: _____

Email: _____

Employee and Employee Dependent(s) Information

Name of employee who has died: _____

Date of death: ____/____/____

***Employee's Certificate of Death is required to be provided along with this application**

Name(s) of dependent(s) who will be covered by this benefit payment:

Benefit and Payment Information

Benefit payment requested: \$ _____

Which benefits will this payment cover?

How will the dependent(s) be covered (ex: COBRA or other)?

How long will the benefits to each dependent be provided?

How will the Employer distribute benefit payments to dependent(s)?

What is the Employer's payment frequency preference? (circle one) lump sum, quarterly, or monthly

How should the Colorado Department of the Treasury transfer the funds to the Department? (circle one)

ACH Transfer, Mail check

Upon completion, submit application and required attachments to:

Continuation of Benefits Board
c/o Colorado Department of the Treasury
200 E Colfax Ave. #140
Denver, CO 80203

Or email to: treasurer.young@state.co.us

Once the application is received, a staff member from the Colorado Department of Treasury will be in touch within 5 business days.