



TEXAS TECH UNIVERSITY
Human Resources™

ACKNOWLEDGEMENT OF RECEIPT OF COBRA NOTICE

I acknowledge I have received from Texas Tech University, a copy of the general notice of *Continuation Coverage Notification (COBRA)*. The notice informs me and my dependents of rights and opportunities for temporary continuation of group health coverage and/or dental coverage under the law.

Employee's Printed Name

Employee ID

Employee's Signature

Date Signed

**RETURN TO YOUR BENEFITS OFFICE (Room 160 Doak Conference Center) OR MAIL TO:
Texas Tech University, Human Resources Dept., PO Box 41093, Lubbock, TX 79409**