



REQUEST FOR COBRA LETTER

I am requesting a Cobra letter to be created due to the following qualifying event:

- New HireDate: _____
- Termination of EmploymentDate: _____
- Layoff (Insurance "bucket" has been depleted)Date: _____
- Reduction of HoursDate: _____
- Death of Employee (36 month Cobra)Date: _____
- Terminated for Gross Misconduct (Must still complete the entire form)

Employee: _____ Employee SS#: _____ - _____ - _____

Address: _____
Street City ST Zip Code

Medical Insurance Information:

Provider Policy Number

Dental Insurance Information:

Provider Policy Number

Insurance coverage level:

- Single
- 2-person *Dependent must also be notified. Dependent address listed below
- Family *Dependent(s) must also be notified. Dependent(s) address listed below
- Family, no spouse *Dependent(s) must also be notified. Dependent(s) address listed below

Monthly Medical Premium:

- Single \$ _____
- 2-person \$ _____
- Family \$ _____
- Family, no spouse \$ _____

Employer sponsors an HRA:

- Single \$ _____
- Family \$ _____

Monthly Dental Premium:

- Single \$ _____
- Family \$ _____

Addresses for Dependent(s): **If more dependents, list addresses on a separate sheet of paper
Spouse:

Last Name, First Name

Street (if different from employee's above) City ST Zip Code

Child:

Last Name, First Name Date of Birth

Street (if different from employee's above) City ST Zip Code

Child:

Last Name, First Name Date of Birth

Street (if different from employee's above) City ST Zip Code

Requested by:

Employer Name Authorized Signature Date