

Instructions

1. This form must be submitted within 30 days of the qualifying event to ensure timely notification of COBRA rights.
2. Complete one (1) form per Qualified Beneficiary. *(Please do not use this form for any existing COBRA participants.)*
3. Please confirm that this event has been accurately submitted and entered. Report any discrepancies immediately.

Note: *This form must still be submitted, even if the plan member informs you that COBRA is not requested.*

Employer Information

Company Name: _____ Date: _____

Your Name: _____ Email: _____

Qualified Beneficiary (QB) Information

QB Name: _____
Salutation First Name MI Last Name

Member ID (which may be your SSN): _____ Individual ID: _____

Email: _____

Address: _____

City: _____ State: _____ Zip+4: _____ Phone: _____

Gender: M F DOB: _____ Tobacco Use: Yes No

Employee Type: _____ Payroll Type: _____

Qualifying Event (QE) Information

Category: Employee Dependent Event Type Description (i.e., term or divorce): _____

QE Date: _____ Original Enrollment Date: _____

If the QB is NOT the Employee, please complete this section

Employee: _____ SSN: _____ Relation: Spouse Parent

Is this a second qualifying event of a current QB? Yes No If YES, date of first qualifying event: _____

Please check all plans the QB enrolled in:

Medical EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Dental EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Vision EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

EAP EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Pharmacy EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Flex Monthly Contribution: _____ Other: _____

Dependent Information If QB Is Currently Enrolled with Dependent Coverage

Spouse: _____ SSN: _____ Gender: M F DOB: _____ Enrolled: _____

Child: _____ SSN: _____ Gender: M F DOB: _____ Enrolled: _____

Child: _____ SSN: _____ Gender: M F DOB: _____ Enrolled: _____

Child: _____ SSN: _____ Gender: M F DOB: _____ Enrolled: _____

Address if different from QB: _____

Send mail, email, or fax completed form to:

Ameriflex 2508 Highlander Way, Suite 200, Carrollton, TX 75006 **Attn:** COBRA Department

Email: service@myameriflex.com