

Participant Name: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Member ID (or SSN): \_\_\_\_\_  
Current/Previous Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Address Change If Applicable**

New Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Name Change If Applicable**

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

\*Must include a copy of a legal document such as a marriage certificate or divorce decree.

**Add/Drop Coverage:** Please complete the following section if you would like to add or drop coverage.

Drop ALL coverage for primary as well as all dependents: Yes      No

Reason for Add/Drop: \_\_\_\_\_

If not dropping all family members' coverage, please indicate who should be dropped below.

Name: \_\_\_\_\_ Relation to QB: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Medical: Add      Drop      N/A  
RX (if separate from Medical): Add      Drop      N/A  
Dental: Add      Drop      N/A  
Vision: Add      Drop      N/A  
FSA/HRA: Add      Drop      N/A  
Other: \_\_\_\_\_ Add      Drop      N/A  
All Coverage: Add      Drop      N/A  
Reason for Add/Drop: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to QB: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Medical: Add      Drop      N/A  
RX (if separate from Medical): Add      Drop      N/A  
Dental: Add      Drop      N/A  
Vision: Add      Drop      N/A  
FSA/HRA: Add      Drop      N/A  
Other: \_\_\_\_\_ Add      Drop      N/A  
All Coverage: Add      Drop      N/A  
Reason for Add/Drop: \_\_\_\_\_

Name: _____			Relation to QB: _____		
Date of Birth: _____		Gender: _____	Social Security Number: _____		
Medical: Add	Drop	N/A			
RX (if separate from Medical): Add	Drop	N/A			
Dental: Add	Drop	N/A			
Vision: Add	Drop	N/A			
FSA/HRA: Add	Drop	N/A			
Other: _____			Add	Drop	N/A
All Coverage: Add	Drop	N/A			
Reason for Add/Drop: _____					

**Please Note: To Add/Drop more than three family members, please complete a second form.**

If you are adding a newborn, please include a copy of the Crib Card or any documentation from the hospital that shows the following:

Baby's Name • Date of Birth • Height • Weight

\*Other than birth/legal adoption of a child by an enrolled COBRA participant, and a few other very rare exceptions, dependents may only be added during the employer's open enrollment period. If you are unsure, please contact Ameriflex for further details.

Are you providing Medicare Eligibility documentation as requested? Yes No  
(Must be accompanied by a photocopy of the Medicare ID card of the eligible person, showing Medicare eligibility date.)

Are you Requesting a Disability Extension (Conditions apply)? Yes No  
(Requests for Disability extension must be accompanied by a photocopy of the Award Letter issued by the Social Security Administration.)

If you have paid premiums in advance and are not canceling all members and plans, your payment will be applied to future months' premiums for the plans with active enrollment. If you are paid in advance and if you are canceling all members and plans, a refund check will be mailed to the address that you listed on this form within 7-10 business days after your cancellation is processed.

**Important:** When requesting a past cancellation date, approval depends on your insurance carriers' guidelines. Typically, we cannot process cancellation requests dating back more than 30 days.

A request to cancel/drop coverage can only be effective on the last day of a given month. If you are requesting to cancel/drop coverage on any other day except for the final day of the month, proof must be attached to show the date that your alternate insurance coverage began or will begin.

**Required.** Effective Date of your requested changes: \_\_\_\_\_

**Employee Signature**

**Date**

Send completed form by email to:  
service@myameriflex.com

Or by mail to:  
**Ameriflex COBRA Department**  
2508 Highlander Way - Suite 200  
Carrollton, TX 75006