 Ameriflex

COBRA Request for Service

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: We **cannot** process cancellation requests dating back more than 30 days. Additionally, 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**

***You must sign this form with a physical or official digital signature. Typed signatures will not be accepted.**

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