

**Employer Name:**  
**Employee Name:**  
**Member ID (which may be your SSN):**

**Phone:**  
**Email:**

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Please provide the reason for the appeal in the space below. Be sure to specify the reason why no election or payment was made within the allotted time. The Ameriflex COBRA department will review the appeal upon receipt. Please be advised that appeals can take up to 30 days to review.

If the appeal is approved, a confirmation letter will be sent confirming that an extension has been applied, allowing for election and/or payment.

All appeal decisions are final. Should you wish to appeal further, this can be pursued through the Employee Benefits Security Administration, a division of the US Department of Labor at 866-444-3272. <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>

**Reason for Appeal:**

**Email**

Cobra@myameriflex.com

**Appeals Mailing Address**

Ameriflex COBRA Appeals  
7 Carnegie Plaza, Suite 200  
Cherry Hill, NJ 08003

**Signature:**

**Date:**