

## Instructions

1. This form must be submitted within 30 days of the requested billing start date to ensure timely notification.
2. Complete one (1) form per Special Plan Member
3. Please confirm that this event has been accurately submitted and entered. Report any discrepancies immediately.

## Employee Information

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Email: \_\_\_\_\_

## Special Plan Member Information

QB Name: \_\_\_\_\_

Salutation \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip+4: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member ID (which may be your SSN): \_\_\_\_\_ Individual ID: \_\_\_\_\_

Gender: M  F  DOB: \_\_\_\_\_

## Billing Information

Billing Type: Retiree  Custom  \_\_\_\_\_

Billing Start Date: \_\_\_\_\_ Original Enrollment Date: \_\_\_\_\_

Billing Frequency: Monthly  Weekly  Bi-Weekly  Quarterly  Annually

## Special Plan Member Plans

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

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