

# COBRA INITIAL NOTIFICATION REQUEST

(New Hires)

**Please mail or fax this request to:**  
 COBRA-Advantage  
 43471 Ridge Park Dr., Ste. A  
 Temecula, CA 92590  
 Toll Free: (877) 506-1660  
 Toll Free Fax: (877) 561-1661

**EMPLOYMENT DATA:**

Employer Name:	Division / Location:
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**EMPLOYEE DATA:**

Last Name:	First Name:	Middle Initial:	
Current Address:			
City:	State:	Zip:	
Social Security #:	Marital Status:	Date of Birth:	Gender:
Hire Date:	Benefit Start Date:		

**CURRENT BENEFITS:**

Benefit:	Plan	1 Person	2 Person	3+Person	Other
Medical Plan					
Dental Plan					
Vision Plan					
Other (EAP, etc.)					
Health Care FSA:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, does the participant have a positive balance? Amount? \$				

**DEPENDENT INFORMATION:**

Relationship	Name (Last, First, MI)	Date of Birth	Gender	SS#
Spouse:				
Child:				
Child:				
Child:				
Child:				

(If you would like to submit requests electronically please contact our office for the appropriate format.)

Submitted By:	Date:	Phone #:
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COBRA-Advantage use only:

Date Entered: \_\_\_\_\_ By: \_\_\_\_\_

Client #:

Div #