

**COBRA  
Notification Form**



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 Phone (541) 485-7488 or (800) 422-7038  
 FAX (541) 681-8792  
 E-mail: cobra@manleyserv.com  
 www.manleyplan.com

**EMPLOYEE INFORMATION**

Employer \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Known Employee Mailing Address (Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Sex:  M  F \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Hire \_\_\_\_\_ Phone Number \_\_\_\_\_

**TYPE OF QUALIFYING EVENT**

Date of Qualifying Event: \_\_\_\_\_ Date Original Insurance Began: \_\_\_\_\_ Date Active Insurance Ends: \_\_\_\_\_

Termination  Involuntary Termination  Reduction in Hours  Medicare Entitlement  Ineligible Dependent  
 Retirement  Divorce/Legal Separation  Leave of Absence  Military Service  Death of Employee

**INSURANCE COVERAGE**

Name of Insurer	Premium Per Month	Employee Only	Employee + Spouse	Employee + Family	Employee + Child(ren)
Medical:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program (EAP):					
Flexible Spending Account (FSA) per month:*					
Health Reimbursement Arrangement (HRA)					

\*Complete FSA section only if balance is not deducted from final paycheck.

Covered Dependents (Name)	Sex (M/F)	Date of Birth	Address If Different from Employee
Spouse:			
Child:			
Child:			
Child:			
Child:			

Period of Insurance Coverage for Dependents <i>if different from that of the employee</i>	Start Date	End Date

Will Employer pay COBRA premium as part of severance package?  Yes  No

If yes, COBRA premium will be paid to:  Manley Services  Insurance Carrier Payment End Date: \_\_\_\_\_

Name of Person Preparing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_