Initial COBRA Notification (New Hire)

MANLEY SERVICES
A PacificSource Company

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Phone 541.225.2760 or 877.355.2760
FAX 541.225.3684
Email: cobra@manleyserv.com
Manleyplan.com

EMPLOYER INFORMATION

Employer name:		
Telephone no.:	**Prepared by (name):**	**Date:**

EMPLOYEE INFORMATION

Employee last name:	First name:	Middle initial:	☐ Mr. ☐ Ms.

Employee address (street):	Apt no.	City:	State:	Zip:

◯ male ◯ female	Social Security number:
Spouse/partner name:	**Social Security number:**
Dependents (list below)	**Social Security number of dependent (list below)**

PacificSource values your privacy and complies with federal HIPAA privacy regulations. To protect confidential information, please submit this form via mail or fax rather than e-mail.