COBRA Request for Service Form

# GENERAL INFORMATION:

Employer Name: Click or tap here to enter text.

Participant Full Name: Click or tap here to enter text. Telephone: Click or tap here to enter text.

Participant Full Address: Click or tap here to enter text.

Email: Click or tap here to enter text.

# ADDRESS CHANGE IF APPLICABLE:

New Street Address: Click or tap here to enter text.

**ADD/DROP DEPENDENT** (Check One): [ ]  ADD\* (see note below) [ ]  DROP Dependent Name: Click or tap here to enter text.

\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_

Dependent Birthdate: Click or tap here to enter text. Relationship to Participant: Click or tap here to enter text.

Reason for Add/Drop: Click or tap here to enter text.

\*An enrolled COBRA participant may only **add** a dependent during your employer’s open enrollment period OR if the participant has experienced a qualifying life event such as birth/legal adoption of a child or marriage. \*\*IMPORTANT\*\*: Proof is required for all circumstances where a dependent is being added outside of open enrollment. Please send supporting documentation along with this form if you wish to add a dependent to COBRA coverage.

# MEDICARE REQUESTS:

[ ]  Check if you have become Medicare eligible and need to cancel medical coverage as a result. \*\*IMPORTANT\*\*: Please provide supporting documentation of Medicare eligibility

# REQUEST FOR DISABILITY EXTENSION:

[ ]  Check if you are requesting a disability extension \*\*IMPORTANT\*\*: Please provide supporting documentation of disability award letter issued by US Social Security Administration

**CANCEL/DROP COBRA COVERAGE** (Check all that apply):[ ]  ALL (Cancel all COBRA coverage)

[ ]  MEDICAL [ ]  RX (if separate from medical)

\_\_\_\_\_

[ ]  DENTAL [ ]  VISION

\_\_\_\_\_

[ ]  FSA [ ]  OTHER (HRA, GAP, EAP)

Cancel or drop effective date: Click or tap here to enter text. Reason: Click or tap here to enter text.

\*\*IMPORTANT\*\*: Coverage cancellations cannot be processed retroactively more than 30 days.

Participant Signature: Click or tap here to enter text.

[ ] Please click the box to use your digital signature

Date: Click or tap here to enter text.

Email Completed Form to: cobraadmin@claritybenefitsolutions.com along with any required supporting documentation. For questions, please call Clarity’s Customer Service Department: 888-423-6359