

# COBRA Participant Cancellation Notification

Fax completed form to (866) 412-9280

<b>Company Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Group #</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; font-weight: bold;">B</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	B					
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**Complete this section for COBRA cancellations. If the participant being listed for cancellation is the primary insured, then all covered dependents will also be cancelled, unless a separate election is made. Coverage will end on the last day of the month listed as the "Date of Cancellation"†.**

<b>1</b>			
<b>Participant Last Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Participant First Name</b> <input style="width: 100%; height: 20px;" type="text"/>		
<b>Participant Social Security #</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>†Date of Cancellation (MM/DD/YYYY)</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Reason</b> <input type="checkbox"/> <i>Voluntary cancellation</i>	<input type="checkbox"/> <i>Deceased</i>
		<input type="checkbox"/> <i>Non-payment of premiums</i>	<input type="checkbox"/> <i>End of COBRA</i>
		<input type="checkbox"/> <i>Medicare Entitlement</i>	

<b>2</b>			
<b>Participant Last Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Participant First Name</b> <input style="width: 100%; height: 20px;" type="text"/>		
<b>Participant Social Security #</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>†Date of Cancellation (MM/DD/YYYY)</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Reason</b> <input type="checkbox"/> <i>Voluntary cancellation</i>	<input type="checkbox"/> <i>Deceased</i>
		<input type="checkbox"/> <i>Non-payment of premiums</i>	<input type="checkbox"/> <i>End of COBRA</i>
		<input type="checkbox"/> <i>Medicare Entitlement</i>	

<b>3</b>			
<b>Participant Last Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Participant First Name</b> <input style="width: 100%; height: 20px;" type="text"/>		
<b>Participant Social Security #</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>†Date of Cancellation (MM/DD/YYYY)</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Reason</b> <input type="checkbox"/> <i>Voluntary cancellation</i>	<input type="checkbox"/> <i>Deceased</i>
		<input type="checkbox"/> <i>Non-payment of premiums</i>	<input type="checkbox"/> <i>End of COBRA</i>
		<input type="checkbox"/> <i>Medicare Entitlement</i>	

<b>4</b>			
<b>Participant Last Name</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Participant First Name</b> <input style="width: 100%; height: 20px;" type="text"/>		
<b>Participant Social Security #</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>†Date of Cancellation (MM/DD/YYYY)</b> <input style="width: 100%; height: 20px;" type="text"/>	<b>Reason</b> <input type="checkbox"/> <i>Voluntary cancellation</i>	<input type="checkbox"/> <i>Deceased</i>
		<input type="checkbox"/> <i>Non-payment of premiums</i>	<input type="checkbox"/> <i>End of COBRA</i>
		<input type="checkbox"/> <i>Medicare Entitlement</i>	

**Form must be signed & dated**

\_\_\_\_\_  
Authorized Group Contact Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (MM/DD/YYYY)

## General Guidelines

- Notification must be received within 30 days of an event unless otherwise provided for by law.
- ChoiceBuilder® will only give retroactive credit if notification was received within the guidelines provided.
- Dependent qualifying/triggering events should be submitted on an Employee Change Request form and will be effective at the end of the month following the event provided written notification is given within 60 days.

