

Request for General Initial Notice of COBRA Rights

Date _____

Employer Name _____ TASC ID _____

New Health Plan Covered Employee

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Gender M F

Social Security Number _____ Date of Hire _____

Home Address _____ City _____

State _____ Zip Code _____ Home Phone Number _____

Spouse(s) on Plan (if any)

1) Name _____

Address (if different from above) _____

Other Dependents

2) Name: _____

Address (if different from above) _____

3) Name: _____

Address (if different from above) _____

4) Name: _____

Address (if different from above) _____

Signature _____

Employer Name _____