



**NEW EMPLOYEE/COVERED SPOUSE
NOTIFICATION FORM**

CS-611/6/00QE

**CobraServ National Service Center
P. O. Box 534066
St. Petersburg, Florida 33747-4066**

From: _____
Company

Division or Region Code Company ID or Unit Code

CobraServ Account #: _____

Please notify the following new employee and/or new spouse of his/her COBRA continuation rights: new employee newly covered spouse

If an active covered employee who has been notified previously by CobraServ is adding a spouse to the plan, check here:

Employee SS# _____

Name of Employee: _____
Last First MI Gender

Mailing Address: _____
Street City State Zip

Name of Spouse: _____
Last First

Note: This employee has dependent(s) who live at the following **different** address(es):

Name: _____ Relationship: _____

Mailing Address: _____
Street City State Zip

Name: _____ Relationship: _____

Mailing Address: _____
Street City State Zip

Prepared by: _____
Name and Title (please print)

Signature Date Phone # Fax #