



BBP Admin  
BENEFITS ADMINISTRATION  
COBRA, FMLA, FSA, HRA, HSA, TRANSIT  
info@bbpadmin.com  
www.bbpadmin.com  
630 773 2337

# COBRA NOTIFICATION REQUEST FORM

Completed form can be faxed to 630-775-8568 or  
emailed to [COBRA@bbpadmin.com](mailto:COBRA@bbpadmin.com)

**1. EMPLOYEE / QUALIFYING BENEFICIARY INFORMATION:** Employer Name: \_\_\_\_\_

DATE OF HIRE \_\_\_\_/\_\_\_\_/\_\_\_\_ COBRA EVENT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ COBRA START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Email Address: \_\_\_\_\_

**2. REASON:**

- Termination of Employment: Voluntary Involuntary
- Reduction of Hours: Status Change End of Leave
- Retirement
- Divorce/Legal Separation
- Dependent Child reaching age limit
- Death
- Other (Please Describe) \_\_\_\_\_

**3. COVERED BENEFITS:** (Please check benefits that will be terminating)

Health Coverage: Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Tier: Employee Only Employee Spouse Employee Child(ren) Employee Family

Individual/Age Rated: Current Premium Rate \_\_\_\_\_ Date of Next Rate Change \_\_\_\_/\_\_\_\_/\_\_\_\_

**Dental Coverage:**

HMO PPO / PPO Plan Description: \_\_\_\_\_ (if more than one PPO is offered)

Tier: Employee Only Employee Spouse Employee Child(ren) Employee Family

**Vision Coverage:**

Tier: Employee Only Employee Spouse Employee Child(ren) Employee Family

HRA: Tier: Employee Only Employee Spouse Employee Child(ren) Employee Family

FSA: Annual FSA Election Amount \$ \_\_\_\_\_ Final Contribution YTD: Amount: \$ \_\_\_\_\_

**4. COVERED DEPENDENTS** (If additional space is needed, please attach a separate form.)

Full Name	Date of Birth	Sex	Social Security No.
Spouse: _____	____/____/____	M F	____ - ____ - ____
Child: _____	____/____/____	M F	____ - ____ - ____
Child: _____	____/____/____	M F	____ - ____ - ____
Child: _____	____/____/____	M F	____ - ____ - ____

**Dependent Mailing Address:** (If different than Employee)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_