**Weber School District - EMPLOYEE INFORMATION**

**GBS COBRA INPUT SHEET**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| LAST NAME |  | FIRST NAME | MIDDLE  |
|       |  |       |
| ADDRESS |  | CITY, STATE, ZIP |
|       |  |       |
| PHONE NUMBER |  | BIRTH DATE |
|       |  |    -  -     |
| EVENT DATE |  | SOCIAL SECURITY NUMBER |
|       |  |  |
| COVERAGE END DATE |  | [ ]  Male [ ]  Female |
| [x]  TERMINATION - [ ]  Voluntary [ ]  Involuntary |  | [ ]  REDUCED HOURS |
| [ ]  RETIREMENT |  | [ ]  LEAVE OF ABSENCE |
| [ ]  MEDICARE ENTITLEMENT |  | [ ]  DIVORCE / SEPARATION |
| [ ]  DEATH |  | [ ]  LOSS OF COVERAGE |
| [ ]  INELIGIBLE DEPENDENT |  | [ ]  NEW ENROLLEE |
|  |  |  |  |  |
| [ ]  COBRA Premium Employer Subsidize  |  |  |  |
|  |  |  |  |
|       |  | Single |       |
| MEDICAL PLAN |  |  | EE + Spouse |       |
|  |  |  | EE + Child(ren) |       |
|  |  |  | Family |       |
|  |  |  |  |  |
|       |  | Single |       |
| DENTAL PLAN |  |  | EE + Spouse |       |
|  |  |  | EE + Child(ren) |       |
|  |  |  | Family |   |
|  |  |  |  |  |
|       |  | Single |       |
| VISION PLAN |  |  | EE + Spouse |       |
|  |  |  | EE + Child(ren) |       |
|  |  |  | Family |       |
|       |  | Single |       |
| OTHER |  |  | EE + Spouse |       |
|  |  |  | EE + Child(ren) |       |
|  |  |  | Family |       |
|  |  |  |  |
| Flexible Spending Account Participant | [ ]  Yes | [x]  No |    Monthly Deduction Amount |

**DEPENDENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|       |  |  |       |  |       |
| SPOUSE |  |  |  | DATE OF BIRTH |  | BENEFIT DATE |
|       |  |  |       |  |       |
| CHILD |  |  |  | DATE OF BIRTH |  | BENEFIT DATE |
|       |  |  |       |  |       |