**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 | | | | | | |
| 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 | | | | No | | Monthly Deduction Amount | | | | | |

**DEPENDENTS**

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