

COBRA Request Form

To request COBRA benefits please fill out this form and return to:
WEBER SCHOOL DISTRICT
PAYROLL OFFICE
5320 S Adams Ave Parkway
Ogden UT 84405

GBS COBRA INPUT SHEET

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE
ADDRESS	CITY, STATE, ZIP	
SOCIAL SECURITY NUMBER	HIRE DATE	
PHONE NUMBER	BIRTH DATE	
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	
BENEFIT START DATE		

EVENT DATE	
<input type="checkbox"/> TERMINATION	<input type="checkbox"/> REDUCED HOURS
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> LEAVE OF ABSENCE
<input type="checkbox"/> TERMINATION RETIREMENT MEDICARE	<input type="checkbox"/> DIVORCE SEPERATION
<input type="checkbox"/> DEATH	<input type="checkbox"/> LOSS OF COVERAGE
<input type="checkbox"/> INELIGIBLE DEPENDENT	<input type="checkbox"/> STATE CONTINUATION
<input type="checkbox"/> COBRA Premium Employer Subsidize	<input type="checkbox"/> Other:

MEDICAL PLAN	Single	_____
	Two Party	_____
	Family	_____

DENTAL PLAN	Single	_____
	Two Party	_____
	Family	_____

VISION PLAN	Single	_____
	Two Party	_____
	Family	_____

Flexible Spending Account Participant	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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DEPENDENTS

SPOUSE	DATE OF BIRTH	BENEFIT DATE
CHILD	DATE OF BIRTH	BENEFIT DATE
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