



Please return this form to Flex Facts; 7 Grant Avenue, Lakewood, NJ 08701

Fax: 877-747-8564, E-mail; COBRA@flexfacts.com;

COBRA Participant Request For Service

General Information

Employer: _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Social Security Number: _____

Signature: _____

Date: _____

Service Requested

Change of Address:

New Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Change COBRA Coverage Level:

Current Coverage Level _____ New Coverage Level: _____

Plan Name: _____

Cancel COBRA Coverage:

Cancel COBRA Coverage Effective: _____

Reason for cancelation: _____