

Please return this form to Flex Facts; 7 Grant Avenue, Lakewood, NJ 08701 Fax: 877-747-8564, E-mail; <u>COBRA@flexfacts.com</u>;

## **COBRA Open Enrollment Form**

Employer:							
Full Name:							
Address:	Last			First			М.І.
Address.	Street Addres	SS					Apartment/Unit #
	City				State		ZIP Code
Phone:	()	/	Alternate Phone:	()			
E-mail Address: Social Security Number:							
Gender:		DOB:	-	- al Status:			
Applicant Coverage							
Coverage: Add Remove Decline Keep Same							
Plan Name	Medical	Dental	Vis	sion		Rx	
Spouse Coverage							
Spouse Nan							
Address:	Last			First			М.І.
If different that	n applicant	Street Address					Apartment/Unit #
		City			State		ZIP Code
Coverage: Add Remove Decline Keep Same							
Plan Name:	Medical	Dental Depende	Vis ent Coverage	sion		Rx	
Spouse Na	me: Last			First			М.І.
Address: If different that	n applicant	Street Address					Apartment/Unit #
n amoroni ana	approart.						
-		City		_	State		ZIP Code
Coverage: Add Remove Decline Keep Same							
Plan Name	Medical	Dental	Vis	sion		Rx	
I verify that the information given is true and correct:							
Signature:							
5							

Flex Facts, 7 Grant Ave, Lakewood, NJ 08701, www.flexfacts.com, 877-94-FACTS (32287)