

COBRA - Initial Rights Notification Form

How to File

To be completed by Employer.

Form can be submitted by (1) e-mail, (2) fax or (3) SFTP.

To submit by e-mail, Print Form and E-mail to COBRAdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by SFTP, post to your SFTP folder at <https://securefile.flex-admin.com/>

Employee Information

Employers Name:

Employee's
Name Social Security Number

Mailing Address

City State Zip Code

Coverage Level Coverage Begin Date: Date Of Birth

Dependent Information*

Dependent's
Name Social Security Number

D.O.B. Gender

Dependent and Employees address are the same
Mailing Address

City State Zip Code

Dependent's
Name Social Security Number

D.O.B. Gender

Dependent and Employees address are the same
Mailing Address

City State Zip Code

Dependent's
Name Social Security Number

D.O.B. Gender

Dependent and Employees address are the same
Mailing Address

City State Zip Code

*This form can be re-produced for additional dependents.