



COBRA Registration Form
Administered by Pro Benefits Administrators

Member or Dependent Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment /Unit #

City State ZIP Code

Phone Number: _____ SSN: _____

DOB: _____ BSC ID: _____

Qualifying Event

<p><i>Cobra offered for</i> <u>18 months</u> <i>for the</i> <i>following reasons</i></p> <p><i>Please check one:</i></p> <p><input type="checkbox"/> Retirement <input type="checkbox"/> Involuntary Term of Employment <input type="checkbox"/> Voluntary Term of Employment <input type="checkbox"/> Leave of Absence <input type="checkbox"/> FMLA <input type="checkbox"/> Military Leave-Premiums Paid by TWU Local 100</p>	<p><i>COBRA offered for</i> <u>36 months</u> <i>for the</i> <i>following reasons</i></p> <p><i>Please check one:</i></p> <p><input type="checkbox"/> Dependent reaches age 26 - Dental coverage <input type="checkbox"/> Death of employee (please attach supporting documentation) <input type="checkbox"/> Divorce or Legal Separation</p> <p><u>Section above to be completed with</u> <u>Dependent Information</u></p>
Date of Event _____	Date of Event _____

(The first of the following month will become the COBRA effective date)

COBRA EFFECTIVE DATE: _____

General information

A COBRA Packet will be mailed to address above approximately one month prior to COBRA effective date (whenever possible)

COBRA is an extension of current elections; election changes only allowed during Open Enrollment

After enrolled: Coupons will be sent to address above for monthly COBRA premiums

Failure to make COBRA premium payments will result in termination of coverage

New dental and/or vision ID cards will be mailed; but old cards can still be used in the interim

Notes: _____

Signature _____ Date: _____

Return completed form to:
Transport Workers Union, Local 100
180 Livingston Street, Suite 4017
Brooklyn, NY 11201
Email: member.services@twulocal100.org -or- Fax: 347-643-8063