



COBRA REGISTRATION FORM

Must enroll and pay first month's premium within 30 days of termination.

MEMBER INFORMATION

SS #	D.O.B	BSC #
First Name	M.I.	Address
Last Name		City
Term Date		State Zip Code
		Contact Phone

COBRA REGISTRATION

COBRA offered for 18 months for the following reasons.
Please check one:

Retirement
 Involuntary Term of Employment
 Voluntary Term of Employment
 Leave of Absence
 Military Leave

COBRA offered for 36 months for the following reasons.
Please check one:

Dependent reaches age 19 and is not enrolled as full-time student or if reaches age 23 - Vision Coverage
 Death of employee (please attach supporting documentation)
 Divorce or Legal Separation

Section below to be completed with dependent information

Date of Event

Date of Event

DEPENDENTS INFORMATION: Spouse, Domestic Partner & Unmarried dependent Children. Dependent eligibility is governed by your group's contract. Dependents between 19 and 23 years of age covered only if enrolled in college full-time.

Add Remove
 Last Name _____
 First Name _____
 D.O.B. _____
GENDER Male Female
RELATIONSHIP Spouse/D.P. Child
If student, please provide proof of enrollment:
 Name of School _____
 I.D. No. _____

Add Remove
 Last Name _____
 First Name _____
 D.O.B. _____
GENDER Male Female
RELATIONSHIP Spouse/D.P. Child
If student, please provide proof of enrollment:
 Name of School _____
 I.D. No. _____

Add Remove
 Last Name _____
 First Name _____
 D.O.B. _____
GENDER Male Female
RELATIONSHIP Spouse/D.P. Child
If student, please provide proof of enrollment:
 Name of School _____
 I.D. No. _____

Add Remove
 Last Name _____
 First Name _____
 D.O.B. _____
GENDER Male Female
RELATIONSHIP Spouse/D.P. Child
If student, please provide proof of enrollment:
 Name of School _____
 I.D. No. _____

In order for TWU-Local 100 to complete the processing of your benefits, you must provide us with copies of the following documents:

- Marriage certificate for spouse
- Birth certificate for all dependents
- Copy of Social Security cards for all dependents
- Adoption/Legal Guardianship papers for dependent children

Any person who knowingly and with intent to defraud any statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty.

I agree to be liable for any claims presented and paid as a result of such fraudulent act.

Signature

Date

INTERNAL USE

TWU Local 100 Effective Date

Termination