



P.O. Box 2070, Virginia Beach, VA 23450 • Toll Free (800) 437-3539 • www.flex-admin.com

COBRA Initial Rights Notification Form

TO BE COMPLETED BY EMPLOYER

How to File: By email: COBRAdivision@flex-admin.com
By Secure File Transfer: <https://securefile.flex-admin.com/>
By fax: (757) 431-1155

EMPLOYEE INFO:

*optional field

EMPLOYER:			DIVISION:			
*Salutation:	FIRST:	*MI:	LAST:			
ADDRESS:		CITY:		ST:	ZIP:	
D. O. B:		GENDER:		SOCIAL SECURITY #:		
*Phone:		*Email:				
*Benefit Plan Coverage Level:			*Coverage Began Date:			

EMPLOYEE INFO:

*optional field

EMPLOYER:			DIVISION:			
*Salutation:	FIRST:	*MI:	LAST:			
ADDRESS:		CITY:		ST:	ZIP:	
D. O. B:		GENDER:		SOCIAL SECURITY #:		
*Phone:		*Email:				
*Benefit Plan Coverage Level:			*Coverage Began Date:			

EMPLOYEE INFO:

*optional field

EMPLOYER:			DIVISION:			
*Salutation:	FIRST:	*MI:	LAST:			
ADDRESS:		CITY:		ST:	ZIP:	
D. O. B:		GENDER:		SOCIAL SECURITY #:		
*Phone:		*Email:				
*Benefit Plan Coverage Level:			*Coverage Began Date:			

CONFIDENTIALITY NOTICE: This fax (and/or the documents accompanying it) may contain confidential and privileged information belonging to the sender. The information is intended for the use of the individual or entity named above. If you are NOT the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this transmission in error, please notify the sender immediately by telephone to arrange for return of the documents.