

COBRA NOTIFICATION FORM

ATTENTION: Benefits/Human Resources, Room 100 College Park Office Bldg.

PLEASE BE ADVISED THAT THE EMPLOYEE INDICATED BELOW HAS:

_____ Terminated employment before completion of full academic year

_____ Passed away on _____

_____ Had work hours reduced

_____ Contract not renewed because of lack of funds or employee's resignation

The above will or has occurred on _____

EMPLOYEE NAME: _____

EMPLOYEE SSN: _____

EMPLOYEE POO: _____

DEPARTMENT: _____

EMPLOYEE ADDRESS: (if moving – show new address and effective date)

NAME OF DEPENDENTS AT THE TIME OF RETIREMENT:

(Name and Date of Birth required for all individuals)

SPOUSE: _____

NATURAL, ADOPTED, LEGAL GUARDIANSHIP OR STEP CHILD(REN):

