

# Federal COBRA Participant Cancellation Notification



Company name	Group number
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Complete this section for COBRA cancellations. If the participant being listed for cancellation is the primary insured, then all covered dependents will also be cancelled, unless a separate election is made. The "Date of cancellation" should be listed as the last day of coverage for each participant. The last day of coverage can only be the last day of any given month.

<b>1</b>		
1. Participant last name	2. Participant first name	
3. Participant Social Security Number	4. Date of cancellation (month/day/year)	5. Reason <input type="checkbox"/> Voluntary cancellation <input type="checkbox"/> Deceased <input type="checkbox"/> Non-payment of premiums <input type="checkbox"/> End of COBRA <input type="checkbox"/> Divorce <input type="checkbox"/> Over-age dependent

<b>2</b>		
1. Participant last name	2. Participant first name	
3. Participant Social Security Number	4. Date of cancellation (month/day/year)	5. Reason <input type="checkbox"/> Voluntary cancellation <input type="checkbox"/> Deceased <input type="checkbox"/> Non-payment of premiums <input type="checkbox"/> End of COBRA <input type="checkbox"/> Divorce <input type="checkbox"/> Over-age dependent

<b>3</b>		
1. Participant last name	2. Participant first name	
3. Participant Social Security Number	4. Date of cancellation (month/day/year)	5. Reason <input type="checkbox"/> Voluntary cancellation <input type="checkbox"/> Deceased <input type="checkbox"/> Non-payment of premiums <input type="checkbox"/> End of COBRA <input type="checkbox"/> Divorce <input type="checkbox"/> Over-age dependent

<b>4</b>		
1. Participant last name	2. Participant first name	
3. Participant Social Security Number	4. Date of cancellation (month/day/year)	5. Reason <input type="checkbox"/> Voluntary cancellation <input type="checkbox"/> Deceased <input type="checkbox"/> Non-payment of premiums <input type="checkbox"/> End of COBRA <input type="checkbox"/> Divorce <input type="checkbox"/> Over-age dependent

<b>5</b>		
1. Participant last name	2. Participant first name	
3. Participant Social Security Number	4. Date of cancellation (month/day/year)	5. Reason <input type="checkbox"/> Voluntary cancellation <input type="checkbox"/> Deceased <input type="checkbox"/> Non-payment of premiums <input type="checkbox"/> End of COBRA <input type="checkbox"/> Divorce <input type="checkbox"/> Over-age dependent

<b>Form must be signed and dated.</b>	
Group Plan Administrator signature	Date
Print name	