

721 South Parker, Suite 200, Orange, CA 92868 Phone: (866) 412-9279 • Fax (866) 412-9280 www.choicebuilder.com

## **COBRA Enrollment Application**

Application must be COMPLETED in FULL, SIGNED and DATED for processing. PLEASE DO NOT ALTER THIS FORM AS THIS WILL DELAY PROCESSING.

<b>EMPLOYER:</b> Comp	olete se	ction	belov	w - t	hen	provide	fori	n to	CO	BRA e	eligil	oles	tor (	comple	etion		
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☐ Involuntary Termination ☐ Death of Employee ☐ Divorce/Legal														3 33	<u> </u>		,
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Employee First Name														Grou	n#		
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† Date of Election is the date of	of postmark,	fax, or othe	r deliver	y mean	s when	the applican	return	ed this	form.								
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