

COBRA Contact Information Change Form

This form is to update contact information such as name change, mailing address, telephone number and email address. It can also be used to update a social security number, date of birth and dependent information. A copy of the marriage certificate, divorce decree or other legal document that specifically references the name change should also be included in those cases.

*=Required Fields

I would like to update: Social Security Number Name Date of Birth Address Dependent Information

Step 1: Primary Qualified Beneficiary Information

*Primary Qualified Beneficiary Name (First, MI, Last) *Social Security Number

*Employer Sponsoring Benefits (Do not abbreviate) *Date of Birth (mm/dd/yyyy)

Step 1a: Updated Information

Participant Name (First, MI, Last)

Street Address

City State Zip Code

Daytime Phone Number Email

Step 1b: Dependent Information

Dependent Name (First, MI, Last) Sex (M/F/U)

*Social Security Number *Date of Birth (mm/dd/yyyy)

Step 2: Primary Qualified Beneficiary Certification

I understand submission of this form is to update my contact information. I further understand that if updating my mailing address, all future notices will be sent to the address above until I notify Driven125 Benefit Administrators of any changes in writing.

*Primary Qualified Beneficiary Signature *Date