



www.driven125.com
Phone: 866-581-0472 Fax: 844-395-8833
PO Box 1728, Madison, AL 35758
support@driven125.com

COBRA Medicare Extension Request Form

Please fill out this form in its entirety and send it to us along with a copy of your Medicare card. Note: Submitting this form does not guarantee that you will be granted a special Medicare extension for your dependents.

*=Required Fields

Participant Information

*Primary Qualified Beneficiary Name (First, MI, Last)

*Social Security Number

*Email Address

*Employer Sponsoring Benefits (Do not abbreviate)

*Daytime Phone number