

Cobra Administration Requirements



PO Box 385
Taylorsville, NC 28681
Phone 828.632.4970
Fax 828.632.4969
Email TPA@benefitsus.com

Employer ID

Employee Full Name

Complete Mailing Address

Social Security No Date of Birth MM/DD/YY Gender

Medical Coverage

Dental Coverage

Vision Coverage

Name of Covered Dependent	Social Security Number	Date of Birth MM/DD/YY	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Qualifying Event

Qualifying Event

Form Completed By

Date Completed

Comments