

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 my: Social Security Number Date of Birth Address Dependent Information Name

Step I: Primary Qualified Beneficiary Information

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

*Social Security Number

*Date of Birth (mm/dd/yyyy)

*Employer Sponsoring Benefits (Do not abbreviate)

Step Ia: Updated Information

Participant Name (First, MI, Last)

Street Address

City

State

Zip

*Day Telephone

Email Address

Step Ib: Dependent Information

Dependent Name (First, MI, Last)

Sex (M,F)

*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 Discovery Benefits of any changes in writing.

*Primary Qualified Beneficiary Signature

*Date

