

Special Plan Member Information



1. Employer information

Employer name _____ Division name _____

What type of billing will be provided for this participant? (optional):

Retiree billing _____ FMLA _____ Leave of absence _____ Other (please indicate) _____

Billing start date (mm/dd/yyyy) _____ Billing end date (mm/dd/yyyy) _____

Employee name _____ Sex assigned at birth (M/F) _____

Date of birth (mm/dd/yyyy) _____ Hire date (mm/dd/yyyy) _____ SSN _____

Mailing address _____ Daytime phone _____

City _____ State _____ Zip _____

2. Current benefits

Medical

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

Dental

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

Vision

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

Flexible spending account

Monthly rate _____

Last day of coverage _____

Plan year start date _____

Plan year end date _____

Other health plan

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

Life insurance

Face amount _____

Premium amount _____

Last coverage date _____

Original effective date _____

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3. Other covered family members

Spouse name (first, middle initial, last) _____

Date of birth (mm/dd/yyyy) _____ SSN _____

Mailing address (if different from above) _____

City _____ State _____ Zip _____

Dependent name	Relationship (example: child)	Social Security number	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Employer authorization

I hereby certify that the information contained above is accurate to the best of my knowledge. I understand that PacificSource Administrators, Inc., will not be held liable for missing or inaccurate information.

Completed by _____ Phone _____ Date _____

Please send this form to PacificSource Administrators and retain a copy for your records.

- Email: COBRA@PacificSource.com
- Mail to PSA, PO Box 71096, Springfield OR 97475
- Fax: **541-225-3684**

Questions? Email us, or call **877-355-2760**, TTY: 711. We accept all relay calls.