



MONGOOSE®

COBRA Takeover/Legacy Qualified Beneficiary Form



Please mail, fax, or email to:

AMERIFLEX
700 East Gate Drive, Suite 510
Mount Laurel, NJ 08054
Attn: COBRA Department
E-mail: COBRA@flex125.com
Phone: 888-868-3539
Fax: 609.257.0136

Instructions:

Complete this form for each existing COBRA electee as well as each individual who has received a COBRA letter and who is in their 60-day election period. Failure to complete all applicable information will result in delays.

Employer Information

Company Name: _____ Date: _____

Your Name: _____ Email: _____

Qualified Beneficiary (QB) Information

QB Name: _____
Salutation First Name MI Last Name

Address: _____

City: _____ State: _____ Zip+4: _____ Phone: _____

Gender: M F DOB: _____ SSN: _____ Email: _____

Category: Employee Spouse Dependent Child

If the QB is NOT the Employee: Employee Name: _____

Employee SSN: _____ Date of Hire: _____ Original Benefits Effective Date: _____

Qualifying Event (QE) Information

Event Type:

Termination Involuntary Termination Reduction in Hours EE Enrollment in Medicare Divorce/Legal Separation Death of EE Loss of Dependent Status

Original date QB enrolled in health benefits: _____ Qualifying Event Date: _____

Please check all plans the QB enrolled in:

Medical EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Dental EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Vision EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

EAP EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

Pharmacy EE EE+SP EE+CH EE+CHILDREN FAMILY EE+1 EE+2 Plan Name: _____

FLEX Monthly Contribution: _____ Other: _____

Date Rights Notice/COBRA letter mailed: _____ Has an election been made by the QB? Yes No Date of Election: _____

Is the Electee on a Disability Extension? Yes No

Coverage month AmeriFlex should begin billing (cannot be prior to AmeriFlex takeover date) _____

American Recovery & Reinvestment Act of 2009 Information

Is the QB (and Spouse/Dependents) an Assistance Eligible Individual (AEI)? Yes No

If Yes, was ARRA notice provided with COBRA letter/Specific Rights Notice? Yes No

Is QB a second chance AEI (QE event date before 2/17/09 and no actual COBRA election on 2/17/09)? Yes No

If yes, what date was AEI second chance election form letter mailed: _____ Date Received: _____

Coverage month AmeriFlex should begin tracking AEI 65% subsidy: _____ (If blank, AmeriFlex will begin from takeover date)