

# COBRA: Employer contact information change



This form is for confirming and updating contact information, such as your company's mailing address, phone number, and email address.

## 1. Employer mailing address

Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2. Current COBRA contact information

**COBRA billing contact** name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Current Update Remove

**COBRA administration contact** name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Current Update Remove

**Agent or broker** name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Agency \_\_\_\_\_

Current Update Remove

**Agent assistant** name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Agency \_\_\_\_\_

Current Update Remove

## 3. Add COBRA contact information

Contact type: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Agency (if applicable) \_\_\_\_\_

Contact type: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Agency (if applicable) \_\_\_\_\_

## 4. Employer certification

I understand submission of this form will update the company contact information. I understand that if I update the mailing address, all future notices will be sent to the address above until PacificSource Administrators, Inc. is notified of any changes in writing.

Employer signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

- Email: [COBRA@PacificSource.com](mailto: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.