

COBRA: Newly Covered Employee/Spouse Form



1. Employer information

Employer name (do not abbreviate) _____

Division name (if applicable) _____

2. Employee information

Newly covered employee/spouse name _____ Social Security number _____

Mailing address _____ City _____ State _____ Zip _____

Date of birth (mm/dd/yyyy) _____ Sex assigned at birth (M/F) _____

Daytime phone _____

3. Employer authorization

Name (first, middle initial, last) _____ Date _____

Phone _____

Please send this form to PacificSource Administrators, Inc., 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.