

Show Stoppers-COBRA Continuation Notice

Do not submit this form with the application.

The following is a list of the most commonly missed items that will slow down the processing of your application.

Employer Information

- ✓ BCBST Group Number
- ✓ Name of Employer

Applicants Information

- ✓ ID Number
- ✓ Date of Birth
- ✓ Social Security Number

Coverage Applying For

- ✓ Other Carrier Information/Benefit Plan (if applicable)

Date COBRA Coverage Continuation Begins

Date COBRA Billing Begins