

COBRA MEDICAL AND DENTAL ENROLLMENT FORM

Employee Information

Last Name, First Name		Social Security Number	Plan Options Medical Plans (check one) Aetna HMO <input type="checkbox"/> (CA only) Aetna POS <input type="checkbox"/> Aetna Basic PPO <input type="checkbox"/> Dental Plans (check one) Aetna DMO <input type="checkbox"/> Aetna PPO <input type="checkbox"/> Vision Service Plan <input type="checkbox"/>	COBRA Coverage Includes: Employee Only <input type="checkbox"/> Employee & Dependent(s) <input type="checkbox"/> Dependents Only <input type="checkbox"/> If Enrollee is not (former) employee: Employee Name _____ Employee SSN _____
Address		Date of Birth		
Home Phone	Email			

Individual Information (check box for coverage)

Last Name , First Name	SSN	DOB	Sex M/F	Relation to Employee	Medical	For HMO only Current Doctor # ¹ Y/N		Dental	For HMO only Dentist # ¹
				self	<input type="checkbox"/>			<input type="checkbox"/>	
					<input type="checkbox"/>			<input type="checkbox"/>	
					<input type="checkbox"/>			<input type="checkbox"/>	
					<input type="checkbox"/>			<input type="checkbox"/>	
					<input type="checkbox"/>			<input type="checkbox"/>	

Return this form before the COBRA deadline to: BENEFITS, 3500 W. Olive Avenue #1000, Burbank, CA 91505 or visit the benefits website to use the secure web link [EMPLOYEE FORMS](#) (save it first in your computer, then upload)

AUTHORIZATION (Required)

I hereby state that I understand that the election(s) I make cannot be changed until the next Open Enrollment period. I further state that all information furnished is true and complete to the best of my knowledge and I authorize the carrier or agent to obtain medical records and information from providers relating to me and my eligible dependents, to the extent required to provide administrative services in connection with the plans.

Signature _____

Date _____

For Office Use Only

Date of Qualifying Event	Date of Loss of Coverage	Date COBRA Coverage Ends	Date Notice Given	Production
Plan Administrator Signature _____ Khuyen Phan, Benefits Manager				

¹ Use DocFind at www.aetna.com to find Primary Medical/Dental Office IDs