



REQUEST FOR GENERAL INITIAL NOTICE OF COBRA RIGHTS

For fastest processing, submit this form online via support request. You may also use one of the following methods:	Fax	Mail
	608-245-3623	TASC, PO Box 14015 Madison, WI 53708-0015

EMPLOYER INFORMATION

Client Name	TASC ID (12-digit)
Division	Class
Contact Name	Contact Phone

NEW HEALTH PLAN COVERED EMPLOYEE OR DEPENDENT

First Name	MI	Last Name
Date of Hire	Employee ID	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Date of Birth
Primary Email	Primary Phone	
Primary Address	Address 1	
	Address 2	
	City	
	State	ZIP +4

DEPENDENTS COVERED

First Name	Last Name	Address	City	State	ZIP

AUTHORIZATION

_____ Name	_____ Email
_____ Signature	_____ Date