



Benecom Company
Third Party Administrators

3429 Stony Spring Circle
Louisville, KY 40220
(502)499-2501 ♦ (888)739-8587
Fax (502)495-6825 ♦ Email: JNK4466@aol.com

COBRA New Hire Employee Form

Employee Personal Information

Employee Name: _____ Social Security Number: _____
Address: _____ City, State, Zip _____
Telephone: () _____ Date of Birth _____ Date of Hire _____
Date Coverage Started: _____ HIPPA Cert Received: Yes No Coverage Since: _____
Prefix: Mr Mrs Miss Ms Dr. Prof. Marital Status: Single Married Divorced Widowed

Dependant Information

Name: _____ Relationship: _____ Date of Birth _____
Address: _____ City, State, Zip _____
Medical: Yes No Dental: Yes No Vision: Yes No

Name: _____ Relationship: _____ Date of Birth _____
Address: _____ City, State, Zip _____
Medical: Yes No Dental: Yes No Vision: Yes No

Name: _____ Relationship: _____ Date of Birth _____
Address: _____ City, State, Zip _____
Medical: Yes No Dental: Yes No Vision: Yes No

Name: _____ Relationship: _____ Date of Birth _____
Address: _____ City, State, Zip _____
Medical: Yes No Dental: Yes No Vision: Yes No

Coverage Elected

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Family

Company Name/Location: _____ Date: _____

Employer Representative Signature: _____