

DEPENDENT ADDENDUM

CS-613/2/01 (Addendum)

INSTRUCTIONS:

- THIS FORM IS TO BE USED TO ADD Additional Covered Dependent(s) TO THE SPOUSE/DEPENDENT INFORMATION SECTION ON YOUR COBRA QUALIFYING EVENT NOTIFICATION FORM.
- Please refer to your COBRA QUALIFYING EVENT NOTIFICATION FORM and copy the information from that form (exactly as it was written and enter the information below: *(ALL OF THE INFORMATION MUST BE COMPLETE IN ORDER TO PPOCESS YOUR FORM.)*)

From (Company)	CobraServ Account Number
Qualified Beneficiary's Name (last, first, mi)	Social Security Number of Qualified Beneficiary

19. If the covered dependent(s) reside at a different address from the Qualified Beneficiary, please provide name and address (cont'd)

Name (last, first, mi) _____
Street _____ City _____
State _____ Zip _____

.....

Name (last, first, mi) _____
Street _____ City _____
State _____ Zip _____

.....

Name (last, first, mi) _____
Street _____ City _____
State _____ Zip _____

.....

Name (last, first, mi) _____
Street _____ City _____
State _____ Zip _____

20. Please provide additional covered dependent information below (cont'd):

Covered Dependent

Name (last, first, mi) _____
Social Security Number - - Date of Birth (mo/day/yr)
Relationship to Participant Dau. Son

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Covered Dependent

Name (last, first, mi) _____
Social Security Number - - Date of Birth (mo/day/yr)
Relationship to Participant Dau. Son

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Covered Dependent

Name (last, first, mi) _____
Social Security Number - - Date of Birth (mo/day/yr)
Relationship to Participant Dau. Son

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Covered Dependent

Name (last, first, mi) _____
Social Security Number - - Date of Birth (mo/day/yr)
Relationship to Participant Dau. Son

Prepared By:

Name (PRINT) _____ Date (mo/day/yr) ____/____/____
Phone # (Area Code/Number) _____ Fax # (Area Code/Number) _____