



**COBRA ADMINISTRATION**

Small Business Insurance Services (SBIS)  
120 N Washington Square Suite 1000  
Lansing, MI 48933  
(800) 362-5461 phone / (517) 483-8225 fax

Date:

To: COBRA Administration Department

From:  
First and Last Name:

Company Name:

Group Number:

Phone Number:

Fax Number:

Email Address:

Please choose one of the following:  Medical  Dental  Vision  Rx

To accurately administer COBRA please take a moment to explain the reason for the qualifying event. Additionally, please make sure you have accurately completed an [Employee / Change of Status Form](#) and included a copy with this fax, as doing so will ensure timely administration.

\_\_\_\_\_ (insert subscriber's first and last name) has potentially experienced a COBRA qualifying event. The circumstance is indicated below:

**Qualifying Event (please choose one):**

- Reduction in hours
- Terminated
- Quit
- New Hire
- Layoff
- Rate Change
- Medical / Personal leave; expected date of return:
- Address Change
- Retirement
- Added Spouse / Dependent
- Divorce
- Plan Change

**Comments:**