



Ph: 800-437-FLEX or 757-340-4567  
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# COBRA/Retiree - Notification Of Termination Form

## How to File

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, to COBRA Print Form and sign. E-mail form to COBRAdivision@flex-admin.com  
 to RETIREE Print Form and sign. E-mail form to RETIREEdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail print form and mail to: Flexible Benefit Administrators, Inc.  
 P.O.Box. 2070, Virginia Beach, VA 23450

## Employee Information

Previous Employer:

(Do not abbreviate)

Primary Participant

Name

Social Security Number or Date Of Birth

E-Mail Address

Phone Number

## Benefit Termination Information

Retiree

COBRA

Reason for Termination Request\*

	Benefits	Effective Date of Termination	Name of Individual(s) to Terminate (First, Last)	Terminate coverage for ALL covered
<input type="checkbox"/>	Medical			<input type="checkbox"/>
<input type="checkbox"/>	Dental			<input type="checkbox"/>
<input type="checkbox"/>	Vision			<input type="checkbox"/>
<input type="checkbox"/>	EAP			<input type="checkbox"/>
<input type="checkbox"/>	FSA			<input type="checkbox"/>
<input type="checkbox"/>	Other <input type="text"/>			<input type="checkbox"/>

\* If termination is due to death, please provide a copy of the death certificate.

I understand my submission of this form is a request to terminate the specified benefit(s) indicated above. Further, I understand Flexible Benefits Administrators, Inc. will contact me if my request to terminate coverage is denied for any reason.

Participants Name:

Print

Signature

Date