Initial Notice Request

58309648 (8/19)

BenefitHelp SOLUTIONS

Complete this form and email to
bhscobrabcoc@benefithelpsolutions.com

PLEASE PRINT CLEARLY

Date	Request #	OF
To		
Fax	Phone number	

From	
Company	
Division	
Fax	Phone number

Employee information

First name		Last name	
Social Security number		Gender	Hire date
Mailing address	City	State	Zip

Tier coverage

Please check the appropriate box

☐ EE Employee Only	☐ ES Employee + Spouse	☐ EC Employee + Child	☐ EF Employee + Family

Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, P.O. Box 40584, Portland, OR 97240-0548 **Fax:** 503-243-3949 **Email:** bhscobrabcoc@benefithelpsolutions.com **Questions?** Contact BenefitHelp Solutions at 800-556-3137 Monday - Friday 7:30 a.m. to 5:30 p.m. PST.