

Initial Notice Request

2961 (11/23)



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

| | | | |
|---|---|--|---|
| <input type="checkbox"/> EE Employee Only | <input type="checkbox"/> ES Employee + Spouse | <input type="checkbox"/> EC Employee + Child | <input type="checkbox"/> EF Employee + Family |
|---|---|--|---|

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Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, P.O. Box 40584, Portland, OR 97240-0548 **Fax:** 503-765-3453 **Email:** cobraqe@benefithelpsolutions.com
Questions? Contact BenefitHelp Solutions at 888-387-5440, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.