1025 N. Campbell Rd. Royal Oak, MI 48067
Phone: 248.543.2644 **Fax:** 248.543.2296
Email: COBRA@hrpro.com **Site:** www.HRPro.com

New Insurance Enrollee

*All fields must be completed to properly process this request. This form is used to notify us of anyone who needs an initial notice. COBRA regulations state that employees and spouses must receive an initial notice within the first 90 days of coverage. An initial notice informs them of their right to elect COBRA if they ever lose their benefits due to a qualifying event.

Employer / Division Name					
Employee Social Security #					
Employee Name		**Employee Date of Birth**			
Mail Notices to:	**Street Address**				
	City		**State**	**Zip Code**	
Enrollee(s) Being Added	**Coverage Tier** *(Please check only one)*	**Dependent Names:**			
	☐ Employee Only				
	☐ Employee + Spouse				
	☐ Employee + Children				
	☐ Employee + Family				
	☐ Spouse/Dependent(s) only				
Insurance Effective Date:					
Elected Benefits (ie: medical, dental, vision)					

Please fill out the section below if dependents have a different address than the employee.

Name					
Relationship to Employee					
Mail Additional Notices to:	**Street Address**				
	City		**State**	**Zip Code**	

Form Completed By:

Name:	
Date:	