COBRA Newly Eligible Form

Enter Online at www.MyTPAOnline.com

or return completed form to
cobra@bmsllc.net or Fax (502) 244-1162

BMS LLC
BENEFIT MARKETING SOLUTIONS LLC
P.O. Box 43653 Louisville, KY 40253-0653
PHONE (502) 244-1161 www.bmsllc.net

COMPANY NAME: _____

Employee Information

☐ Male ☐ Female

First | M.I. | Last | Gender

Street Address | Apartment/Unit #

City | State | Zip Code

Social Security # | Date of Birth

Date of Hire | Benefit Begin Date

Qualified Beneficiaries/Covered Dependents

Name	Social Security #	Birth Date	Relationship	Full-time Student
			☐ Spouse ☐ Child	☐ Yes ☐ No
			☐ Child ☐ Other	☐ Yes ☐ No
			☐ Child ☐ Other	☐ Yes ☐ No
			☐ Child ☐ Other	☐ Yes ☐ No
			☐ Child ☐ Other	☐ Yes ☐ No

Employee Enrollment

Health Insurance Carrier:

Plan Name: _____

Type of Coverage
☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

Monthly Premium: $_____

Dental Insurance Carrier:

Plan Name: _____

Type of Coverage
☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

Monthly Premium: $_____

Vision Insurance Carrier:

Plan Name: _____

Type of Coverage
☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

Monthly Premium: $_____

Health Reimbursement Arrangement Carrier:

Plan Name: _____

Type of Coverage
☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

Monthly Premium: $_____

Medical Spending Account (FSA) Carrier:

Plan Name: _____

Monthly Contribution: $_____

Other COBRA Eligible Group Plan Carrier:

Plan Name: _____

Type of Coverage
☐ Employee Only
☐ Employee + Spouse
☐ Employee + Child(ren)
☐ Employee + Family

Monthly Premium: $_____

Please notify BMS within thirty days of all new hires and/or new benefit elections to allow ample time for enrollment enter and processing of the required General Notice. *NOTE: Address changes must also be reported to BMS to maintain accurate records.*

Employer's Signature: _____ Date: _____

Accepted and Completed by BMS LLC Representative: _____ *Date:* _____