

## COBRA Medicare Extension Request Form

Please fill out this form in its entirety and send it to us along with a copy of your Medicare card. **Note:** Submitting this form does not guarantee that you will be granted a special Medicare extension for your dependents.

\*=Required Fields

### Participant Information

\*Participant Name (First, MI, Last)

\*Social Security Number

\*Email Address

\*Phone Number

\*Employer Name or Employer Sponsoring Benefits (Do not abbreviate)