If you become eligible for other group health plan coverage or Medicare, you must notify your COBRA Administrator by completing this form and sending it to:

GILSBAR, INC
ATTN: COBRA ADMINISTRATOR
P.O. BOX 998
COVINGTON, LA. 70434

Or fax to: Gilsbar, Inc. Attn: COBRA Administration Services Fax #: (985) 871-1855 or (985) 809-2443

PARTICIPANT NOTIFICATION FORM

PERSONAL INFORMATION

Name and mailing address	Telephone number
«ADDRESSEE_____» «FAM_____» «EMPLADDR1_____» «EMPLADDR2_____» «EMPLCITY_____», «ST» «ZIP_____»	E-mail address (optional)

PREMIUM REDUCTION INELIGIBILITY INFORMATION – Check one

I am eligible for coverage under another group health plan. If any dependents are also eligible, include their names below. Insert date you became eligible_____	☐
I am eligible for Medicare. Insert date you became eligible_____	☐

IMPORTANT

If you fail to notify your plan of becoming eligible for other group health plan coverage or Medicare AND continue to pay reduced COBRA premiums you could be subject to a fine of 110% of the amount of the premium reduction.

Eligibility is determined regardless of whether you take or decline the other coverage.

However, eligibility for coverage does not include any time spent in a waiting period.

To the best of my knowledge and belief all of the answers I have provided on this form are true and correct.

Signature → _____ Date → _____

Type or print name → _____

If you are eligible for coverage under another group health plan and that plan covers dependents you must also list their names here:

_____ _____

_____ _____