

Appendix Number 26

COBRA

I am aware of COBRA and understand that GBS Benefits will send me information within one month of my termination from the insurance. I also understand that if I do not receive the paperwork from GBS Benefits, I am to call the provided number to insure proper enrollment.

Employee Signature: _____

Witness Signature: _____

COBRA CONTACTS

GBS Benefits
COBRA Department
www.gbsbenefits.com
801-364-7233

Notes:

REV 02-12.1