

# Cypress Ancillary Benefits Employee Change Request Form



GROUP NAME: \_\_\_\_\_

GROUP NUMBER: \_\_\_\_\_

TYPE OF ELIGIBILITY CHANGE: (Please check appropriate box)

Cypress must be notified of all changes within 60 days.

<input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Cancel Spouse (Name): _____ <input type="checkbox"/> Cancel Child (Name): _____ <input type="checkbox"/> Cancel All Children (Names): _____ <input type="checkbox"/> Partial Cancellation (List coverages to be cancelled): _____	<input type="checkbox"/> Cancel All Coverage - Termination of Employment <input type="checkbox"/> COBRA Enrollment (Attach Election Form) <input type="checkbox"/> COBRA Termination <input type="checkbox"/> Other: _____
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Employee Name:	Employee ID#:
Employee Address:	City, State, Zip:
Phone#:	Email Address:

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_  
 (Cancellations will be effective the 1st of the month following the effective date of change.)

**COBRA:**

Employer or COBRA Administrator is responsible for COBRA administration.

Cypress to administer and direct bill COBRA employee. Cypress will notify you if employee elects coverage.

Qualifying event (check one): Enter required date:

- |   |   |
|---|---|
| <input type="checkbox"/> Termination, resignation or reduction in employee hours<br><input type="checkbox"/> Death of employee<br><input type="checkbox"/> Divorce or legal separation<br><input type="checkbox"/> Disqualification of dependent child due to attained age<br><input type="checkbox"/> Termination of domestic partnership<br><input type="checkbox"/> Termination of Federal COBRA<br><input type="checkbox"/> Other _____ | Date last worked _____<br>Date of death _____<br>Date of divorce/separation _____<br>Date of change in status _____<br>Date of dissolution _____<br>End date of Federal COBRA _____ |
|---|---|

Employer/group contact signature: \_\_\_\_\_ Date \_\_\_\_\_

Employer/group contact email: \_\_\_\_\_

Cypress Ancillary Benefits  
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 209-478-5614-fax  
 Email form to [billing@cypressadmin.com](mailto:billing@cypressadmin.com)