6180 Quail Valley Court
Riverside, CA 92507

951.656.9273 phone
800.427.4549
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Retiree Insurance Coverage Reporting Form

Please provide the following information for all individuals currently eligible for retiree coverage.

Retiree Name:

Address:

Today's Date: SSN:

Birth Date: Hire Date:

Active Benefit Start Date: Paid Through Date:

Retiree Benefit Start Date: Termed Date:

Insurance Coverage - Name of Carrier(s) (i.e. Kaiser, Blue Cross, Delta etc.)

Medical: HMO or PPO

Coverage Check One: Employee Only Employee + Spouse Employee + Child Family

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Dental: HMO or PPO

Coverage Check One: Employee Only Employee + Spouse Employee + Child Family

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Vision Coverage:

Coverage Check One: Employee Only Employee + Spouse Employee + Child Family

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Please be aware that this form is not intended to be a replacement for COBRA. If a Retiree is offered COBRA in addition to this coverage, please use our on-line COBRA Companion reporting tool. This will allow us to notify the participant of his/hers COBRA-eligible benefits. For questions regarding this form call (800) 427-4549