



P.O. Box 43653 Louisville, KY 40253-0653  
 (502) 244-1161 (800) 919-BMSI FAX (502) 244-1162 [www.bmsllc.net](http://www.bmsllc.net)  
 COBRA Dependent Change Form

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employee Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Date of Birth: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Type of change: \_\_\_\_\_ (New add or termination of dependent)

If a termination, please indicate the event with the below chart.

**Qualifying Event: (please check one)**

<input type="checkbox"/>	Termination of a covered employee's employment (other than gross misconduct)
<input type="checkbox"/>	A Reduction in a covered employee's hours of employment
<input type="checkbox"/>	The death of a covered employee, please list detailed information below
<input type="checkbox"/>	A divorce or legal separation from the covered employee, please list detailed information below
<input type="checkbox"/>	Ceasing to be a dependent child under the terms of the plan
<input type="checkbox"/>	The covered employee becomes eligible for Medicare, please list date eligible

Qualified Beneficiaries	Relationship to Employee	Date of Birth	Social Security Number

Health Insurance	Carrier Name & Plan Name	Monthly Premium
Employee Only		
Employee + Child(ren)		
Employee + Spouse		
Family		

Dental Insurance	Carrier Name & Plan Name	Monthly Premium
Employee Only		
Employee + Child(ren)		
Employee + Spouse		
Family		

Other (Please note if: FSA, HRA, Vision, EAP, Etc.) \_\_\_\_\_  
 Please notify the Plan Sponsor (BMS LLC) within 10 business days of all dependent changes in order to be added to the system timely and to process notices in a timely manner. **(Please be sure to notify us of all address changes as well!)**

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Please return this form to:  
 BMS LLC – Attn: COBRA Administrator Fax (502) 244-1162 or e-mail: [cobra@bmsllc.net](mailto:cobra@bmsllc.net)

Accepted and Completed by BMS LLC Rep: \_\_\_\_\_ Date: \_\_\_\_\_