

C O B R A System

Inquiry Facility [ICOB]

12/10/97 10:47:06.1	C O B R A S Y S T E M I N Q U I R Y F A C I L I T Y				ICOB JWD1
Employee SSN:	Employee Name:				
Billing SSN:	First/MI:				
Last Name:	City:				
Street:	Zip:				
State:	DOB: / /				
Hosp Plan:	Hosp Cvge:	Branch Code:	Flex Med:		
Dent/Visn:	Cvge Late:	Depn Dent/Visn:	Depn Cvge Late:		
Begin Date: / /	End Date: / /		Stat:		
Paid Thru: / /	Premium:				
*** INDIVIDUALS TO BE COVERED ***					
1.	SSN:	DOB:	/ /		
2.	SSN:	DOB:	/ /		
3.	SSN:	DOB:	/ /		
4.	SSN:	DOB:	/ /		
5.	SSN:	DOB:	/ /		
6.	SSN:	DOB:	/ /	P/M -	
Maint Date:	Maint ID:	Maint Fct:			
NEXT SSN: 9 140 1045 1 _____					
NEXT FUNCTION: █ _____ (MENU, KEYS, END)					

Purpose:

To provide the Employee Benefits Office with information regarding an employees election for the continuation of medical benefits.

Security Access Requirements:

Yes

Use of this function is limited to the Employee Benefits Office — **ONLY!**

> Note:

C O B R A — Consolidated Omnibus Budget Reconcil

Last Revised: 10/27/2003