

# General Notice ~ FlexBank Submission Form

The COBRA General Notice often referred to as the new hire notice, outlines the rights of the employee should they lose coverage under the company-sponsored plan(s).

**The General Notice must be provided to covered employees (and spouses) within 90 days from the date that the employee or spouse becomes enrolled under a qualifying plan.**

As part of your ongoing COBRA services, FlexBank will send the General Notice to all enrolled employees and newly enrolled spouses. It is the employer's responsibility to inform FlexBank who to send the notice to.

Complete this form and return it to email [Compliance@FlexBank.net](mailto:Compliance@FlexBank.net) ~ fax 937.299.5609.

## Employer Information

Employer Name	Date
Your Name	Email Address

## Employee Information

Employee Name	SSN	Spouse Name (if newly covered)	
Street	City	State	Zip Code
Email Address		Phone Number	
Date of Birth	Male <input type="checkbox"/> or Female <input type="checkbox"/>	Effective Date of Benefits	

## Plan Information

The new member is enrolled in the following:

Medical	Plan Name	<input type="checkbox"/> EE	<input type="checkbox"/> EE+SP	<input type="checkbox"/> EE+CH	<input type="checkbox"/> EE+Children	<input type="checkbox"/> Family
HRA	Plan Name	<input type="checkbox"/> EE	<input type="checkbox"/> EE+SP	<input type="checkbox"/> EE+CH	<input type="checkbox"/> EE+Children	<input type="checkbox"/> Family
Dental	Plan Name	<input type="checkbox"/> EE	<input type="checkbox"/> EE+SP	<input type="checkbox"/> EE+CH	<input type="checkbox"/> EE+Children	<input type="checkbox"/> Family
Vision	Plan Name	<input type="checkbox"/> EE	<input type="checkbox"/> EE+SP	<input type="checkbox"/> EE+CH	<input type="checkbox"/> EE+Children	<input type="checkbox"/> Family
EAP	Plan Name	<input type="checkbox"/> EE	<input type="checkbox"/> EE+SP	<input type="checkbox"/> EE+CH	<input type="checkbox"/> EE+Children	<input type="checkbox"/> Family
FSA	Monthly Contribution					

## Notes

