



**NOTICE OF TERMINATION
COBRA PARTICIPANT**

E-Mail: cobra@ebsatlanta.com
Toll-Free: 1-800-647-3709
Phone: (770) 569-0080
Fax: (770) 560-0211

IMPORTANT!

Please complete this form and submit to EBS/Atlanta as soon as you have made a determination to terminate your COBRA coverage. (Coverage will terminate on the last day of the month). I understand a Certificate of Coverage will be mailed to my home address.

Date of Request:

Former Employer:

Branch or Division:

Completed By:

Employee Information

Employee's Name:

Address:

Address (opt):

City:

State:

Zip:

Social Security Number:

Date of Termination:

Date of Final Premium Payment:

**Mail to: EBS/Atlanta, 2500 Northwinds Parkway, Suite 400, Alpharetta, Georgia 30009
Or e-mail to cobra@ebsatlanta.com**

**or
fax to (770) 569-0211**