

Please sign and return this Cobra Notification Acknowledgement Form with the Payroll Forwarding Form to cahcgroupp@uchc.edu upon completion of your exit interview. Your sign-out sheet will be emailed to you once these two items are received.

**CAPITAL AREA HEALTH CONSORTIUM
COBRA Notification**

My COBRA benefits have been discussed with me regarding my rights to extend my group health plan coverage.

Employee Signature

Date

Employee Name (please print)