PAYROLL FORWARDING AND COBRA SUBSIDY FORM

Please email this form to cahcgroup@uchc.edu prior to your scheduled exit interview

Capital Area Health Consortium

Name (print last name, first name): _____

Personal E-mail Address: _____

Cell Phone: _____

Program: _____

New Employer: _____

Start Date: _____ Employer State: _____

1. **ARE YOU ELIGIBLE FOR COVERAGE UNDER ANY GROUP HEALTH PLAN INCLUDING YOUR SPOUSE'S EMPLOYER'S PLAN?** ☐ **Yes** ☐ **No**

2. **ARE YOU MOVING?** ☐ **Yes** ☐ **No**

   If forwarding address is known, please list (for your Form W-2/1095-C):

   Street: _____

   City:_____State:_____Zip: _____

   - If your future address is unknown, CAHC will follow with you at email address (listed above) at year end to obtain your new mailing address.

3. **DO YOU WISH TO CONTINUE YOUR DIRECT DEPOSIT FOR YOUR FINAL PAYCHECK?** ☐ **Yes** ☐ **No**

   If no, please list forwarding address for your final check:

   Street: _____

   City:_____State:_____Zip: _____