

Please sign and email this Cobra Notification acknowledgement form with the payroll forwarding address form and the completed sign-out sheet to [cahcgroupp@uchc.edu](mailto:cahcgroupp@uchc.edu) upon completion of your WebEx Exit Interview.

**CAPITAL AREA HEALTH CONSORTIUM  
COBRA Notification**

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

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Employee Signature

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Date

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Print Employee Name