



UPMC Employee Service Center
 U.S.Steel Tower, Floor 56, 600 Grant Street,
 Pittsburgh, PA 15219
 Phone: 1-800-994-2752, option 3
 Fax: 412-647-7860

COBRA ADDRESS NOTIFICATION FORM

To All Staff Members:

If you have a dependent that is covered by our group health plan (medical, dental, flexible spending) and whose legal residence is not yours (dependent child covered by court order, living with an ex-spouse, etc.), you are required to provide us with their address so initial and subsequent COBRA notices can be sent to them. This does not include a dependent child whose legal residence is still yours but is away at school. Should you have any questions, please call the Employee Service Center at 800-994-2752, option 3.

Thank you for your assistance.

UPMC Employee Service Center

This information must be provided to the UPMC Employee Service Center upon commencement of coverage under the group health plan as well as at any change. If your dependent has an address different than yours, complete this form and return it to the UPMC Employee Service Center at the address listed above.

EMPLOYEE NAME: _____

EMPLOYEE SOCIAL SECURITY NUMBER: _____

Covered Dependent Address Information:

(Required only if address is different than employee.)

1. Name of covered dependent: _____

2. Name of guardian, ex-spouse, etc.: _____

3. Street address: _____

4. City: _____ State: _____ Zip Code: _____

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