

**PWA COBRA/REliance**  
*Personnel Action Report*

**COMPLETE FORM WITHIN 5 DAYS OF  
QUALIFYING EVENT AND EITHER EMAIL  
OR FAX TO PWA COBRA/REliance Dept.**

Rec'd Effective Date: ____ / ____ / ____  <input type="radio"/> New Hire <input type="radio"/> Terminated Employee  Administrator Initials: _____ <b>PWA COBRA/REliance OFFICE USE ONLY</b>
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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M F

Address\*: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

Qualifying Event Date: \_\_\_\_\_ Date Employer Received Notice: \_\_\_\_\_

How was Employer Notified: \_\_\_\_\_ (mail, phone, in person)

By Whom: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Qualifying Event Type: (Check One Option)

- Termination   
  Retirement   
  Death   
  Ineligible Dependent   
  Reduced Hours  
 Leave of Absence   
  Divorce/Separation   
  Loss of Coverage

Please send COBRA information on the following benefits: (Check all that apply)

- Health   
  Dental   
  Vision   
  \_\_\_\_\_   
  \_\_\_\_\_

**\*Are all Beneficiaries at the same address? If not please provide name and address for separate mailing.**

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**PWA COBRA/REliance**

11291 Pyrites Way, Ste. B, Gold River, CA 95670

Phone: 916.631.7887 / Fax: 916.631.6880

bwallace@pwapadmin.com

**Please either fax or email the completed form to Bree Wallace. Thank you.**