

Client I.D.: _____
Group Name: _____

Please check the box to indicate your request:

_____ Add New Employee

_____ Add New Dependent

_____ Delete Employee (Including dependents.)

_____ Check here if you want Wolfpack to send the cobra notice. Make sure to include the employee's Home address.

_____ Delete Dependent(s) Only

_____ Name Change

_____ Other
Please describe:

Employee Information

Desired Effective Date: _____ - 01- _____ Date Hired: _____ - _____ - _____

Social Security #: _____ - _____ - _____

First Name: _____

Last Name: _____

Birth Date: _____ - _____ - _____ Gender: Male _____ Female _____

Home Address: _____
(For deletes only, if you want us to send a COBRA notice.)

Zip _____

Dependent Information

Last Name (if different)	First	Sex (M/F)	Relationship	Birth Date
_____	_____	_____	_____	_____-_____-_____ - -
_____	_____	_____	_____	_____-_____-_____ - -
_____	_____	_____	_____	_____-_____-_____ - -
_____	_____	_____	_____	_____-_____-_____ - -
_____	_____	_____	_____	_____-_____-_____ - -
_____	_____	_____	_____	_____-_____-_____ - -

**Action?
Add or
Delete.**

Please indicate the coverage applied for: _____

I certify the above is correct and understand the coverage does not take effect until the first of the month after the application is accepted by the benefit company.

Employee's Signature _____ Date _____ - _____ - _____

Signature is not necessary if giving an employee deletion notice.

Please keep a copy for your records and then send the application to:
 Wolfpack Insurance Services, P. O. Box 156, Belmont CA 94002 Lic # 0814789 Fax: 650-591-4022

IT IS THE EMPLOYER'S RESPONSIBILITY TO HAVE COBRA NOTICES DELIVERED TO TERMINATING MEMBERS AND OR DEPENDENTS. COBRA FORMS CAN BE FOUND ON OUR WEBSITE WWW.DVINS.COM. WE DO NOT HAVE RECORDS OF THE MEMBERS HOME ADDRESS. IF YOU WISH FOR US TO SEND THE COBRA FORM, PLEASE INCLUDE THE HOME ADDRESS WITH TERMINATIONS AND INDICATE THE NEED ABOVE.

Fax: 650-591-4022