



COBRA Acknowledgement Form for Spouse

Your spouse was given a copy of an initial COBRA notice upon commencement of employment, with instructions to deliver a copy to you. This certifies that you have received a copy of your rights pertaining to limited continuation of coverage for health benefits for you and your covered dependents under the Public Health Services Act.

(Print EMPLOYEE'S name)

(EMPLOYEE'S SSN)

(Print SPOUSE'S name)

Governmental Entity: (check one or indicate other)

- ☐ BOCC ☐ Lee County Clerk of Courts ☐ Court Administration
- ☐ Port Authority ☐ Property Appraiser ☐ Elections
- ☐ Other _____

Spouse's Signature

Date

Please return this completed form to our secure email - benefits@leegov.com, or fax/mail:

Lee County Human Resources
Attn: Benefits
P.O. Box 398
Fort Myers, Florida 33902

Phone: 239.533.2245
Fax: 239.485.2052