EMPLOYEE BENEFITS
& RISK MANAGEMENT

North East Independent School District

Open Enrollment
October 5th – October 19, 2026
COBRA-Employee Assistance Program (EAP)

COBRA Participant _____ SS No. _____

☐ **ENROLL in EAP**

I would like to enroll in the Employee Assistance Program (EAP). The following are my eligible dependents:

Name	Gender	Date of Birth	Relationship to COBRA Participant

_____ _____

Signature of COBRA Participant Date

☐ **CANCEL EAP**

I would like to cancel my participation in the Employee Assistance Program (EAP).

_____ _____

Signature of COBRA Participant Date

For Office Use Only: Processed: _____ Effective Date: **January 1, 2027**