



COBRA Administration Installation Form

Client Information	
Contact Name	
Company Name	
Address	
Phone Number	
Fax Number	
E-mail address	

Benefit Plan Information	
Carrier Name(s)	
Mailing address	
Phone Number	
Plan Information (Plan Name/Type)	
Plan Renewal Date	
Current Number of Participants	

COBRA Rates		
NOTE: These rates should not include the 2% administrative fee.	Tier of Coverage	Rate with HRA Portion (if Applicable)

Please complete one form for each benefit option

- ◆ First day of Contract Year _____ Last day of Contract year _____
- ◆ FSA Offered: YES or NO *** FSA term date is date of Term or same as Health Plan***
- ◆ On What day does TERMINATION from the plan become effective? (please check off below)
 _____ End of Month in which termination occurred _____ Actual date of termination
- ◆ May participants CONVERT to an individual Policy at end of COBRA term? YES or NO
- ◆ Dependent children are termed on what birthday? Age ____ What if Full Time Student? Age ____

*****See page 2 for final details and Signatures required*****



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Installation Fee Quoted		\$ _____
Annual Renewal Fee	Quoted	\$ _____
Monthly Administrative Fees:		
Fee Per Qualifying Event Letter		\$ _____
Fee Per COBRA Participant		\$ _____
Fee Per Open Enrollment Letter		\$ _____
Fee Per DOL New Hire COBRA Rights Notice		\$ _____

Client Authorization

Broker Authorization

Dated

Dated

Contact:
Terri Seyfried
Human Resource Administrators
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610-282-4216 (fax)