



COBRA Administration Installation Form

Client Information		
Contact Name		
Company Name		
Address		
Tax Id		
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 of the above forms for each COBRA eligible benefit

- ◆ Notify Brokers Office of Adds and Terms _____ YES or NO
- ◆ 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 Benefit Eligible \$ _____
Fee Per Open Enrollment Letter \$ _____
Fee Per DOL New Hire COBRA
Rights Notice \$ _____

Client Authorization

Broker Authorization

Dated

Dated

Contact:
Patsy Snyder ext 110
Human Resource Administrators
1541 Alta Drive Suite 306
Whitehall, PA 18052
610-774-9900
FAX 610-774-9912