

EMPLOYER CONTACT INFORMATION		Are you the Broker?	Click Here
Employer Name:	Primary Contact:		
Mailing Address: ?	Primary Title:		
City, State, Zip:	Primary Email:		
Billing Contact:	Primary Phone:		
Billing Email:	(Secondary Contact):		
Billing Phone:	(Secondary Title):		
	(Secondary Email):		
	(Secondary Phone):		

EMPLOYER INFORMATION	
Employer Size:	Employees Covered:
COBRA Admin America Services Effective Date: ?	

BROKER / AGENT CONTACT INFORMATION	
Agent Company:	Agent Contact:
Agency Tax ID Number:	Agent Email:
Physical Address:	Agent Phone:
City, State, Zip:	Account Rep:
	Account Rep Email:
	Account Rep Phone:

GENERAL RIGHTS NOTIFICATION		
Have all of the employees whom are benefit eligible received an Initial Notice? ?	YES	NO
If No, Elect Fee: ?		

ONGOING CARRIER NOTIFICATION SERVICE OPTIONS AND ACKNOWLEDGEMENTS

Authorize the level of service you are electing: ?

DISABILITY EXTENSION FEE ?

In the event of a participant accepting the Disability Extension, what fee would the Employer want the participant to pay?

GOHEALTH ?

Would you like to participate in GoHealth:

Click [Here](#) to see the text that will appear in
COBRA Specific Rights Notices

1 PLAN INFORMATION

Group / Account Number:

Coverage will end for Qualified Beneficiaries:

Plan Type:

Premium Rate Structure: ?

Enrollment Carrier Contact:

Notes:

Enrollment Carrier Email:

Does Carrier require monthly paid thru date reports?

Provide Rate Sheet from Carrier if Age or Individually Rated

[UPLOAD LINK AT END](#)

2 PLAN INFORMATION

Group / Account Number:

Coverage will end for Qualified Beneficiaries:

Plan Type:

Premium Rate Structure: ?

Enrollment Carrier Contact:

Notes:

Enrollment Carrier Email:

Does Carrier require monthly paid thru date reports?

Provide Rate Sheet from Carrier if Age or Individually Rated

[UPLOAD LINK AT END](#)

3 PLAN INFORMATION

Group / Account Number:

Coverage will end for Qualified Beneficiaries:

Plan Type:

Premium Rate Structure: ?

Enrollment Carrier Contact:

Notes:

Enrollment Carrier Email:

Does Carrier require monthly paid thru date reports?

Provide Rate Sheet from Carrier if Age or Individually Rated

[UPLOAD LINK AT END](#)

4 PLAN INFORMATION

Group / Account Number:

Coverage will end for Qualified Beneficiaries:

Plan Type:

Premium Rate Structure: ?

Enrollment Carrier Contact:

Notes:

Enrollment Carrier Email:

Does Carrier require monthly paid thru date reports?

Provide Rate Sheet from Carrier if Age or Individually Rated

[UPLOAD LINK AT END](#)

[ADDITIONAL PLAN INFORMATION BOXES](#)

[CLICK HERE](#)

[FSA & HRA PLAN INFORMATION BOXES](#)

[CLICK HERE](#)

ADDITIONAL DOCUMENTATION NEEDED FOR PLAN

[Additional Plan Information Boxes](#) (as needed)

[FSA & HRA Information Boxes](#) (as needed)

Rate Sheet(s) form Carrier (as needed)

[Online Access COBRA Waiver](#) (required if additional online access needed for contacts not previously listed)

[Active/Takeover COBRA Census](#) ?

Carriers must be notified that Admin America is the authorized COBRA TPA

[COBRA Take Over Authorization Form](#)

The above is a **SAMPLE**. Your Carrier may require a specific form for this purpose. Please contact your carrier directly for additional information on their requirements.

[UPLOAD LINK – CLICK HERE](#)

IMPORTANT!

SAVE ALL PAPERWORK & DOCUMENTS WITH
COMPANY NAME AND FORM NAME

Form Name	FSA & HRA Information Boxes
Company Name	Company ABC123
Form Saved As	Company ABC123 FSA & HRA Information Boxes

Self-reporting of COBRA/HIPAA Administrative failures on IRS Form 8928 is an employer responsibility. The penalties for failing to provide the proper notices to your covered employees range from \$100 per day to \$200 per day per member. Penalties for failing to self-report failures are even greater.

To reduce potential liability, please maintain current information on covered participants and dependents in our interactive COBRA system. Always update Admin America with New Plan Participants.

Prepared and Authorized By:

It is critical that the information in this COBRA Abstract is accurate to enable Admin America to provide timely and accurate service to plan participants. Inaccurate or incomplete information may result in delay. Corrections to the information contained in this COBRA Abstract which require review and/or reprocessing will result in a Plan Correction Fee equal to the plan's most recent monthly invoice for COBRA administrative services.

I am aware that a complete COBRA Implementation consists of all the documentation listed in the said "Additional Documentation Needed for Plan" section above in addition to a signed COBRA Abstract/Application. I understand that the COBRA Implementation process will not begin until all the aforementioned documentation is completed and received in its entirety.

COBRA: TO REQUEST A CALL REGARDING THIS IMPLEMENTATION

DAY AVAILABILITY

TIME(S)