

EMPLOYER CONTACT INFORMATION

[Are you the Broker?](#)

[Click Here](#)

Employer Name:	Primary Contact:
Mailing Address:	Primary Title:
City, State, Zip:	Primary Email:
Physical Address:	Primary Phone:
City, State, Zip:	(Secondary Contact):
Billing Contact:	(Secondary Title):
Billing Email:	(Secondary Email):
Billing Phone:	(Secondary Phone):

EMPLOYER INFORMATION

Employer Tax ID Number:	Employer Entity:
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

Carrier Name:

Does Carrier require monthly paid thru date reports?

Carrier Division: ?

Coverage will end for Qualified Beneficiaries:

Plan Name:

Plan Type:

Group / Account Number:

COBRA Sub Account Code:

Renewal Date:

Enrollment Carrier Contact:

Enrollment Carrier Email:

Monthly Composite Rates <i>(Do Not Include 2% COBRA Administrative Fee)</i>	
EE Only	
EE & Spouse	
EE & Child	
Family	
EE +1	
EE +2 or more	

Check Box & Provide Rate Sheet from Carrier if Age or Individually Rated

[UPLOAD LINK AT END](#)

2 PLAN INFORMATION

Carrier Name:

Does Carrier require monthly paid thru date reports?

Carrier Division: 

Coverage will end for Qualified Beneficiaries:

Plan Name:

Plan Type:

Group / Account Number:

COBRA Sub Account Code:

Renewal Date:

Enrollment Carrier Contact:

Enrollment Carrier Email:

Monthly Composite Rates <i>(Do Not Include 2% COBRA Administrative Fee)</i>	
EE Only	
EE & Spouse	
EE & Child	
Family	
EE +1	
EE +2 or more	

**Check Box & Provide Rate Sheet from
Carrier if Age or Individually Rated**

[UPLOAD LINK AT END](#)

3 PLAN INFORMATION

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Carrier Division: 

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COBRA Sub Account Code:

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[UPLOAD LINK AT END](#)

4 PLAN INFORMATION

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COBRA Sub Account Code:

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**Check Box & 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)