

**COBRA Third Party Administrator Take Over
Authorization to Transact Eligibility and Eligibility Inquiries**

Date:

To:

From:

Group #:

As of ___ / ___ / _____ Admin America, Inc. has or will assume COBRA compliance for our organization.

We authorize employees of Admin America, Inc. to manage the COBRA administrative services on our behalf. This process will typically include electronic and/or telephonic transmission of eligibility.

We further authorize telephonic inquiry support for the employees of Admin America, Inc. surrounding eligibility.

Admin America, Inc.
1720 Windward Concourse
Suite 290
Alpharetta, GA 30005
678-578-4638
Federal ID: 20-3581707

This authorization will remain in effect until further notice.

Let Admin America know if you need anything further for authorization.

Thank you,

Authorization Signature: _____

Name of Authorizing Rep _____

Title _____

Company _____

Address _____

Phone _____

Fax _____

Email _____