



**Waiver Granting Online Access To Employer's COBRA Administration Information Via
COBRA.adminamerica.com To Designated Health Insurance Agent**

(This form is not to be used if Admin America also administers a Health FSA or a Health Reimbursement Arrangement for the Employer)

Employer:

I, the undersigned representative of the Employer named above, hereby authorize Admin America, Inc. (hereinafter "Admin America") to provide details regarding their administration of the named Employer's COBRA compliance to the individual(s) listed below. In granting this authorization I acknowledge the following:

- a) this access will be provided via a secure online portal for which each individual granted access will be provided with a unique user name and password;
- b) the information available includes names and addresses of Qualified Beneficiaries, the dates relevant COBRA notifications were sent to individuals, premium payments received by COBRA continuants and various deadlines related to the individual's specific COBRA circumstances;
- c) the Employer may revoke this authorization at any time by notifying Admin America via e-mail sent to cobra@adminamerica.com. The e-mail should indicate the identity of the individual(s) whose access should be terminated. In addition, access granted to individuals affiliated with the Employer's health insurance agent or agency shall be deemed to be automatically revoked upon receipt of a notification by Admin America, Inc. that the Employer has retained a new agent of record for their health plan unless the Employer expressly directs Admin America otherwise; and
- d) no access to Personal Health Information (PHI) (as defined under HIPAA) is granted under this authorization. Therefore, this authorization is not valid for Employer's for whom Admin America also provides administration services related to a Health FSA or a Health Reimbursement Arrangement. For such Employer's a separate authorization form compliant with HIPAA's Privacy Rules is required. That form is available from Admin America upon request;

**Individual(s) Authorized To Access Online COBRA Information
via COBRA.adminamerica.com:**

(List names of individuals or as "Employees of _____ (agency name)")

Rep: _____

Rep: _____

Email: (required) _____

Email: (required) _____

Signature of Employer's Authorized Representative _____

Date _____

Printed Name _____

Title _____

**Fax Completed Form to 770-670-6961 or scan and e-mail to
implementation@adminamerica.com.**