



COBRA EMPLOYER APPLICATION

I. EMPLOYER INFORMATION

Employer Name:	Tax ID #:		
Mailing Address:	City:	State:	Zip:
Street Address (if different):	City:	State:	Zip:
Telephone:	Fax:	State:	Zip:

II. IMPORTANT CONTACT INFORMATION

Contact Name	Phone #	Email	Type of Contact (check all that apply)	Portal Access
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Enrollment <input type="checkbox"/> Billing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Broker Agency:			Phone #:	Portal Access
Broker Contact Name	Phone #	Email	Type of Contact (check all that apply)	(to be completed by broker)
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Account Manager <input type="checkbox"/> Producer	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Account Manager <input type="checkbox"/> Producer	<input type="checkbox"/> Yes <input type="checkbox"/> No



III. Current COBRA Information

Current COBRA administrator:	
Effective date of COBRA administration by HRCTS:	
Total # of employees:	Total # of benefit eligible:
Total number of active COBRA participants:	
Total number of pending COBRA participants:	
Will you require your reporting to be listed by division? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes , list the name for each division: _____	
<i>*Please Note: One check will be issued for the monthly remittance however the report will illustrate division totals.</i>	
Who will send out open enrollment materials to enrolled and pending COBRA participants for this open enrollment period: <input type="checkbox"/> Employer <input type="checkbox"/> HRCTS <input type="checkbox"/> Previous COBRA Administrator	
Do you want to set up an EDI file feed? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', who is your vendor: _____	

IV. FEES AND SIGNATURES

Please review this application carefully, then please read and sign that you agree to the below fees.

Setup Fee: \$	Monthly Maintenance Fee: \$	
Takeover Notification Fee: \$		
Please select one of the following billing options. For further details please contact HRCTS.		
<input type="checkbox"/> Per Employee Option (Census must be provided) \$ _____ PEPM * \$ _____ Minimum Per Month	<input type="checkbox"/> Per Notification Option \$ _____ General Rights Letter \$ _____ Specific Rights Letter \$ _____ Open Enrollment Packet	
*If PEPM billing option, you must provide a Benefit Eligible roster twice a year.		
Comments:		
Authorized Signer's Name (print)	Title	Date
Signature:		