## COBRA Client Information

### COBRA Contact:
- Title:
- E-Mail:
- Telephone: (   )
- Fax: (   )
- Prior COBRA Administrator:
- Current COBRA participants to Takeovers:

### Non-Insured COBRA Eligible Plan

If a FSA is not offered or COBRA does not apply, enter N/A and skip to next section

<table>
<thead>
<tr>
<th>FSA:</th>
<th>Plan Administrator:</th>
<th>Point of Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Telephone: (   )</td>
<td>Fax: (   )</td>
</tr>
</tbody>
</table>

### Non-Insured COBRA Eligible Plan

If a HRA is not offered or COBRA does not apply, enter N/A and skip to next section

<table>
<thead>
<tr>
<th>HRA:</th>
<th>Plan Administrator:</th>
<th>Point of Contact:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td>Telephone: (   )</td>
<td>Fax: (   )</td>
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- **Is your HRA plan coupled with the medical plan?** □ Yes* □ No (HRA does not involve the medical plan)

- **Are COBRA participants allowed to elect the medical plan without the HRA?** □ Yes □ No (Medical must include the HRA)

### Insured COBRA Eligible Plan

Includes Medical, Dental, Vision, and Employee Assistance Program (EAP)

### Does your company provide a subsidy for COBRA coverage?** □ Yes* □ No

### Is the plan age rated?** □ Yes* □ No

- **Benefit Strategies, LLC Retains the 2% Administration Fee**

### COBRA Fees

<table>
<thead>
<tr>
<th>Plan Installation &amp; Open Enrollment</th>
<th>Current COBRA Participants Takeover</th>
<th>Initial Notice - New Hires</th>
<th>Qualifying Event Notice</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- **Who Pays** □ Broker □ Client

### Plan Notes:

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Insured COBRA Eligible Plan Information (Please fill this form out for each insured COBRA eligible plan)

Carrier Name:  
Plan Name:  

Group #:  
Sub-Loc # (if applicable):  

Address:  
City:  
State:  
Zip:  

Carrier Enrollment Contact:  

Email:  
Telephone: (     )  
Fax: (     )  

Has this carrier been notified that Benefit Strategies is the Third Party Administrator?  □ Yes  □ No*  
*If No, please note that most carriers need written notification of Benefit Strategies before information can be shared.

How would you prefer Benefit Strategies Reinstate or Terminate COBRA participants?  
□ E-Mail Carrier Contact  □ Fax Carrier Contact  □ Online Access (Provide Benefit Strategies with access below)

Web Address:  
User ID:  
Password:  

Plan Type:  □ Medical  □ Dental  □ Vision  □ Employee Assistance Program (EAP)  □ Other:  

When is the next plan renewal date?  
/  
/  
What state governs this plan?  

What is the waiting period for this plan?  

Does plan allow for conversion?  □ Yes  □ No  

Is this plan linked or bundled with another health plan?  □ No  □ Yes, please list:  

Is this a new or existing plan?  □ Existing  □ New  

Is plan Self Funded?  □ Yes  □ No  

At what age does dependent status end?  

When does active employee coverage end after a COBRA Qualifying Event (QE)?  □ On QE Date  □ At End of QE month

When does COBRA coverage end after a COBRA expires?  □ Exactly 18 months from Event  □ At End of month

Coverage Level  
Employee (EE) Only  
EE & Spouse  
EE & Child  
EE & Children  
EE & Family  

Monthly Premium  
$  
$  
$  
$  
$

Administration Fee  
+ 2% Administration Fee  
+ 2% Administration Fee  
+ 2% Administration Fee  
+ 2% Administration Fee  
+ 2% Administration Fee

COBRA Rate (Including 2%)  
=  
=  
=  
=  
=

Insured COBRA Eligible Plan Information (Please fill this form out for each insured COBRA eligible plan)

Carrier Name:  
Plan Name:  

Group #:  
Sub-Loc # (if applicable):  

Address:  
City:  
State:  
Zip:  

Carrier Enrollment Contact:  

Email:  
Telephone: (     )  
Fax: (     )  

Has this carrier been notified that Benefit Strategies is the Third Party Administrator?  □ Yes  □ No*  
*If No, please note that most carriers need written notification of Benefit Strategies before information can be shared.

How would you prefer Benefit Strategies Reinstate or Terminate COBRA participants?  
□ E-Mail Carrier Contact  □ Fax Carrier Contact  □ Online Access (Provide Benefit Strategies with access below)

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User Name:  
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$  
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Administration Fee  
+ 2% Administration Fee  
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+ 2% Administration Fee  
+ 2% Administration Fee  
+ 2% Administration Fee

COBRA Rate (Including 2%)  
=  
=  
=  
=  
=  

Please copy this form to provide information on additional plans