

(PLEASE PRINT ON YOUR COMPANY LETTERHEAD)

Assignment of COBRA Administrator

Date: ____/____/____

Current COBRA Administrator: _____

Group Number: _____

Employer Name: _____

Employer Address: _____

Employer City, State, ZIP: _____

COBRA-Plus Administrators, Inc., has been assigned to assist us in COBRA administration effective ____/____/____. Please provide them any information necessary regarding our COBRA participants/beneficiaries to make this a smooth transition. All questions/payments should be directed to COBRA-Plus Administrators, Inc. as of the effective date above. Please identify, by email, any COBRA issues with one of the administrators listed below.

We further request the following, as indicated, on the effective date:

- COBRA Qualifying Event Report
- COBRA Participant report including date paid thru
- COBRA Termination Report

The contact information for COBRA Plus Administrators, Inc. is:

Kristie Plummer, CCA – Supervisor of COBRA Services, Kristie@COBRA-Plus.com
Michelle Tinio, CCA- COBRA Administrator, michelle@cobra-plus.com
Iran Guzman, CCA- COBRA Administrator, iguzman@cobra-plus.com
COBRA Plus Administrators, Inc.
3090 Fite Circle, Suite 201
Sacramento, CA 95827
(916) 363-2101
(916) 366-7817 fax

Signature _____

Title: _____