

(PLEASE PRINT ON YOUR COMPANY LETTERHEAD)

Assignment of COBRA Administrator

Date: ____/____/____

Insurance Carrier: _____

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 Plan(s), enrollment/termination, open enrollment, conversion plans, and COBRA participant information. Please note that COBRA-Plus Administrators will now be billing any COBRA members directly for COBRA Premiums. If you currently bill the COBRA members directly, please change to billing the group, effective the date above!

We further request the following as indicated:

Premium Billing Statements for COBRA Members are to be Mailed To / Premiums Paid By:

- Employer
- COBRA Plus Administrators, Inc.
COBRA-Plus Administrators
3090 Fite Circle, Suite 201
Sacramento, CA 95827

(PLEASE NOTE: Some insurance carriers may not allow the separation of group billing, and will require that all billing/payments be run through the employer. If you request billing to COBRA-Plus, and it is not an option, you will be notified)

Provide COBRA Plus online account access for COBRA enrollment/Termination: Yes No

PLEASE NOTE: We also hereby request that any COBRA billing group number suffixes currently designated to bill directly to the member should hereby be changed to the suffix designated to bill in accordance to the selections above.

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

Kristie Plummer, CCA, Supervisor of COBRA Services, Kristie@COBRA-Plus.com, ext 245
Michelle Tinio, CCA, Cobra Administrator, Michelle@COBRA-Plus.com, ext 222
Iran Guzman, CCA, Cobra Administrator, iguzman@COBRA-Plus.com, ext 228
COBRA Plus Administrators, Inc.
3090 Fite Circle, Suite 201- Sacramento, CA 95827
(916) 363-2101 - (916) 366-7817 fax

Signature _____

Title: _____