



COBRA Set Up Form

Date COBRA Administration to Become Effective: ____/____/____

Coverage's to be Administered:

Medical Dental Vision Section 125 Plan Other

Billing Information: (We cannot complete the administration process for COBRA without this information)

Please provide the group's accumulative total number of actively working employees currently enrolled into one or more of the group's COBRA qualified benefits plans such as medical, dental, vision, section 125 etc. _____

COBRA ADMIN SERVICES

COBRA Initial Notification –

COBRA compliance requires that all employees who are enrolled into a COBRA eligible benefits plan be notified of their COBRA rights upon enrollment.

Employees - Are there active employees currently enrolled for benefits who need initial notification? Yes No
→If yes, please submit information on the “**COBRA Initial Notification**” form.

Recent New Hires – Are there recent new hires who need notices sent? Yes No
→If yes, please submit information on the “**COBRA Initial Notification**” form.

Future New Hires – ASI will provide an Initial COBRA Notification to all new hires that are sent to ASI on the COBRA Initial Notification form. ASI is not responsible for notifications for new enrollees that are not sent to our office for processing. **Please be advised this is for new enrollees to a benefit plan, not new hires that may waive benefits.**

Current COBRA Participant Form –

ASI will provide each current COBRA participant a letter regarding the change in COBRA administrator. In order to send this letter we will need the information on the current COBRA participant form.

Are there any current COBRA participants enrolled for COBRA? Yes No
→If yes, please complete the enclosed “**Current COBRA Participant**” form and return it to our office for those who are currently enrolled as COBRA participants. If you have multiple COBRA participants you can send us a spreadsheet as long as it captures the information we need on the Current COBRA Participant form.

Qualifying Event Notification Form –

Please complete the enclosed “COBRA Notice of Qualifying Event” and return it to our office for employees who have lost their benefits due to a COBRA qualifying event.

Are there employees who have had a qualifying event that need a COBRA Election Packet? Yes No
→If yes, please submit the “**COBRA Notice of Qualifying Event**” form and return it to our office for processing.

**** Please be advised that ASI administers Federal COBRA only and does not provide any notification of California-COBRA for the extension of benefits if eligible.**

****If the client would like ASI to work directly with the Insurance Carriers on the COBRA enrollments and/or COBRA terminations, please advise us of this up front. Otherwise standard interaction will be between ASI and the client.**

COBRA Plan Rates

Company Name _____

*Attach Rate Table for Age Rated Plans

Group Carrier Rate and Plan Information

Carrier/Plan _____

Plan Renewal Date _____

Plan Effective Date _____

Type of Coverage _____

Rates: Monthly Rate (without the 2%)

Employee Only _____

Composite Rate _____

Employee Plus One _____

Employee Plus Spouse _____

Employee Plus Child _____

Employee Plus Children _____

Family _____

Group Carrier Rate and Plan Information

Carrier/Plan _____

Plan Renewal Date _____

Plan Effective Date _____

Type of Coverage _____

Rates: Monthly Rate (without the 2%)

Employee Only _____

Composite Rate _____

Employee Plus One _____

Employee Plus Spouse _____

Employee Plus Child _____

Employee Plus Children _____

Family _____

Group Carrier Rate and Plan Information

Carrier/Plan _____

Plan Renewal Date _____

Plan Effective Date _____

Type of Coverage _____

Rates: Monthly Rate (without the 2%)

Employee Only _____

Composite Rate _____

Employee Plus One _____

Employee Plus Spouse _____

Employee Plus Child _____

Employee Plus Children _____

Family _____

1. If you have Kaiser Permanente as one of your benefit plan carriers, please advise ASI if Kaiser is handling the enrollment, payments and billings. If Kaiser is going to handle, ASI is not responsible for the tracking or COBRA notifications that we are not made aware of.