



Professional Benefit Services COBRA Setup

| Employer Demographic Information | | | | |
|----------------------------------|---------|-------------|----------------|-----------------|
| Employer Name: | | | | |
| Medical Plan Information 1 | | | | |
| Medical Plan Provider: | | | Policy Number: | |
| Billing Address Line 1: | | | City: | |
| Billing Address Line 2: | | | State: | ZIP Code: |
| Company Website (if any): | | | | |
| Billing Contact: | | | Email: | |
| Phone: | | | Renewal Date: | |
| | EE Only | EE & Spouse | Family | EE & Child(ren) |
| Rates: | | | | |
| Medical Plan Information 2 | | | | |
| Medical Plan Provider: | | | Policy Number: | |
| Billing Address Line 1: | | | City: | |
| Billing Address Line 2: | | | State: | ZIP Code: |
| Company Website (if any): | | | | |
| Billing Contact: | | | Email: | |
| Phone: | | | Renewal Date: | |
| | EE Only | EE & Spouse | Family | EE & Child(ren) |
| Rates: | | | | |
| Dental Plan Information | | | | |
| Dental Plan Provider: | | | Policy Number: | |
| Billing Address Line 1: | | | City: | |
| Billing Address Line 2: | | | State: | ZIP Code: |
| Company Website (if any): | | | | |
| Billing Contact: | | | Email: | |
| Phone: | | | Renewal Date: | |
| | EE Only | EE & Spouse | Family | EE & Child(ren) |
| Rates: | | | | |
| Vision Plan Information | | | | |
| Vision Plan Provider: | | | Policy Number: | |
| Billing Address Line 1: | | | City: | |
| Billing Address Line 2: | | | State: | ZIP Code: |
| Company Website (if any): | | | | |
| Billing Contact: | | | Email: | |
| Phone: | | | Renewal Date: | |
| | EE Only | EE & Spouse | Family | EE & Child(ren) |
| Rates: | | | | |

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Please check the following additional plans that you may offer:

- Flexible Spending Account (Medical or Limited Purpose)
- Health Savings Account (Medical or Limited Purpose)
- Health Reimbursement Account
- Other: _____

Current COBRA Administrator: _____

COBRA Fees

- Standard - Guaranteed plan at \$0.75 per active, eligible employee (\$35 monthly minimum)
- PBS collects and remits COBRA premiums - PBS to collect 2% from COBRA participant

COBRA Premiums

Charge COBRA participant 2% administrative? Yes No

Do you want PBS to collect the COBRA premiums from participants? Yes No

Do you want PBS to remit premiums to carrier or back to client? Carrier Client

Do you want PBS to distribute initial COBRA notice (add'l fees may apply)? Yes No

How many current COBRA Participants? _____

Please complete and return COBRA census Excel template for current COBRA participants

Other notes or request:

Authorizing Initials: _____

Date: _____