



# UTAH STATE CONTINUATION

<b>COMPANY INFORMATION</b>		Referring Agent Name:	Agent's Company:
Employer Legal Name:		Contact Person:	
Address:		Phone:	
City:	State:	Zip:	Email Address:
EIN: <input type="text"/>	Number of Employees on Group Med Insurance: <input type="text"/>		<input type="text"/>

List Any Separate Divisions:

## COBRA INFORMATION

Benefit Type	Insurance Carrier And Policy Number	CURRENT MONTHLY INSURANCE PREMIUMS:				Renewal Date
		Employee	EE + Spouse	EE+ Children	EE + Family	
Group Medical	#: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Group Dental	#: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Group Vision	#: <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

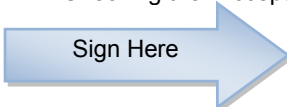
**Note:** If premiums are age specific (Age Banded), please attach a list of the rates to this form.

Do you Currently Have Any Employees on Utah State Continuation?  No  Yes

- Just a Reminder:**
- Utah State Continuation must be offered by all Companies who offer Group Medical Insurance.
  - COBRA replaces Utah State Continuation when group becomes subject to COBRA.

I understand that I am responsible for notifying Ben-X, LLC of any qualifying Utah State Continuation event as it occurs. I can do this by going to: [www.MyBenX.com](http://www.MyBenX.com) clicking on: EMPLOYER and then clicking on: Utah State Continuation.

Checking the "Accept" box will be your electronic signature.


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Company Representative                      Title                      Date

**ACCEPT**

**Ben-X, LLC**  
 Email: [support@benxco.com](mailto:support@benxco.com) • FAX: (801) 224-1903 • Website: [www.MyBenX.com](http://www.MyBenX.com)