COBRA ADMINISTRATION

COMPANY INFORMATION	Referring Agent Name:	Agent's Company:
Employer Legal Name:		Contact Person:
Address:		Phone:
City:	State: Zip:	Email Address:
EIN: ☐☐-☐☐☐☐☐☐☐		Number of Employees on Group Med Insurance: ☐☐,☐☐☐
List Any Separate Divisions:		

COBRA INFORMATION

Start Date for Ben-X COBRA Service: ☐☐-☐☐-☐☐

		CURRENT MONTHLY INSURANCE PREMIUMS:				
Benefit Type	Insurance Carrier And Policy Number	Employee	EE + Spouse	EE+ Children	EE + Family	Renewal Date
Group Medical	#:	**$**	$	**$**	**$**	
Group Dental	#:	**$**	**$**	**$**	**$**	
Group Vision	#:	**$**	**$**	**$**	**$**	
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 COBRA? ☐ No ☐ Yes - for easy Data Transfer go to: www.MyBenX.com
Click: Employer
Click: COBRA

Just a Reminder:

- Cafeteria and HRA Plans are also subject to COBRA.
- Ben-X, LLC can process COBRA on all Cafeteria and HRA Plans that we administer. We would be happy to take care of all your Plan administration needs.
- ☐ Check here if you would like more information.

I understand that I am responsible for notifying Ben-X, LLC of any qualifying COBRA event as it occurs.
I can do this by going to: www.MyBenX.com clicking on: EMPLOYER and then clicking on: COBRA.
Checking the "Accept" box will be your electronic signature.

Sign Here _____ Company Representative _____ Title _____ Date

☐ **ACCEPT**

Ben-X, LLC
Website: www.MyBenX.com
Fax (801) 224-1903 ▪ Email: Support@BenXco.com

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