



REQUEST FOR PROPOSAL FOR COBRA ADMINISTRATION ACCOUNT

Employer Name & Address

Producer/Representative Name & Address

Employer Contact Name _____

Producer Contact Name _____

Tel: _____ Fax: _____

Tel: _____ Fax: _____

Send Proposal To: _____

Standard Industrial Classification (SIC)? _____ Number of employees? _____

Average number of COBRA notices annually? _____ Number currently on COBRA? _____

CSLLC would need to interface with: 1 location? _____ Multiple Locations? _____

Requested effective date for COBRA administration? _____

Does the employer have an HFSA/HRA Benefit Plan? _____

Does CSLLC administer the HFSA/HRA Account? _____

**HEALTH
CARRIER DATA
(1st carrier)**

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Carrier name \_\_\_\_\_ Anniversary/Renewal date \_\_\_\_\_  
Number of employees insured \_\_\_\_\_ Fully insured/Self-Funded? \_\_\_\_\_  
Number of benefit options?, i.e.,HMO, POS \_\_\_\_\_

**HEALTH  
CARRIER DATA  
(2nd carrier)**

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Carrier name _____ Anniversary/Renewal date _____
Number of employees insured _____ Fully insured/Self-Funded? _____
Number of benefit options?, i.e.,HMO, POS _____

**DENTAL
CARRIER DATA**

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Carrier name \_\_\_\_\_ Anniversary/Renewal date \_\_\_\_\_  
Number of employees insured \_\_\_\_\_ Fully insured/Self-Funded? \_\_\_\_\_  
Number of benefit options?, i.e.,High, Low \_\_\_\_\_

**VISION CARE  
CARRIER DATA**

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Carrier name _____ Anniversary/Renewal date _____
Number of employees insured _____ Fully insured/Self-Funded? _____
Number of benefit options?, i.e.,High, Low _____

**PLEASE
RETURN TO:**

Combined Services LLC
Attn: Karen Joslin
15 North Main Street, Suite 300, Concord, NH 03301
Tel. 1-603-227-2021, Fax 1-603-224-4256
or Email: kjoslin@combinedservices.com