COBRA ADMINISTRTION SERVICE START DATE	

PayPro Administrators - COBRA Client Set Up Information

COBRA ONLY	
COBRA & FLEX	

Fax or email form to Liset Carapia at 951-656-9274, email LisetC@pagroup.us

Employer:

Address:

Tel: Fax **e-mail:**

Contact: **Tel:**

Send COBRA Payments to the: Client ☐ **or Carrier** ☐

Payments made to Carrier includes List Bill Reconciliation - Monthly Fee $25

Number of Employees:

Eligible Employees:

Insurance Carrier Information	Coverage Ceases LDOM	Coverage Ceases TERM	Renewal Date	Group Number
#1 - Medical Plan:	☐	☐		
#2 - MedicalPlan:	☐	☐		
#3 - Medical Plan:	☐	☐		
#4 - Dental Plan:	☐	☐		
#5 - Dental Plan:	☐	☐		
#6 - Vision Plan:	☐	☐		
#7 - Other/FSA Plan:	☐	☐		

Rate Information	Employee	Employee +1	Family	EE+Spouse Only	EE+Child(ren) Only
#1 - Medical Plan					
#2 - Medical Plan					
#3 - Medical Plan					
#4 - Dental Plan					
#5 - Dental Plan					
#6 - Vision Plan					
#7 - Other/FSA Plan					

Broker / Agent Information

Name: Tel: Fax:

Agency: e-mail:

Address:

List Fees & Whom to Bill	Initial Set-UP	Monthly Fee	Initial Notification	Qual Event Fee	Other Fee

COBRA COMPANION LOGIN INFO

Client provided User Name:

Click Here to Email Form

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PAYPRO ADMINISTRATORS

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