



# Combined Services LLC

EMPLOYEE BENEFITS

WWW.COMBINEDSERVICES.COM

## Request for Proposal - COBRA Compliance Administration

Please complete this form if you would like Combined Services LLC (CSLLC) to provide you with a COBRA Compliance Administration quote.

### Employer & Producer Data:

Employer Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Producer Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Producer Contact Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Who would you like us to email the proposal to: \_\_\_\_\_

### Employer Details:

Number of Employees: \_\_\_\_\_

Number currently on COBRA: \_\_\_\_\_

Average number of COBRA notices sent annually: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_

How many locations would CSLLC interface with: \_\_\_\_\_

Does the employer have a Health Flexible Spending Account (HFSA) or Health Reimbursement Account (HRA):

Yes  No

Does CSLLC administer the HFSA or HRA plan?

Yes  No

### Carrier Details:

	Carrier	Anniversary/ Renewal Date	Number of Employees Insured	Fully Insured or Self Funded
1st Health				
2nd Health				
Dental				
Vision Care				

### Send Request to:

**Combined Services LLC**  
PO Box 1320  
Concord, NH 03302-1320

E-mail: [marketingadmin@combinedservices.com](mailto:marketingadmin@combinedservices.com)  
Fax: 1 603 224-4256  
Phone: 1 603 227-2000

\_\_\_\_\_  
**Form Completed By**

\_\_\_\_\_  
**Date**