

Request for Proposal - COBRA Compliance Administration

Please complete this form if you would like csONE 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:

csONE Benefit Solutions

PO Box 1320
Concord, NH 03302-1320

E-mail: marketingadmin@csONE.com

Fax: 1 603 224-4256

Phone: 1 603 227-2000

Form Completed By

Date