



# COBRA Administration

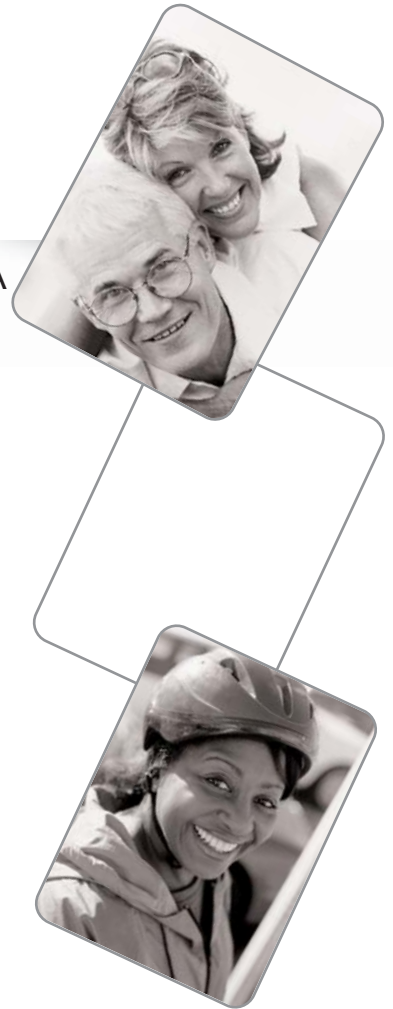
## **COBRA & NYS Continuation Coverage**

HealthPass eases the administrative burden of COBRA. COBRA, required by state and federal mandates, must be offered to employees and their dependents at the time of termination or a qualifying event. HealthPass will process premiums and terminate coverage at the end of the eligibility period. Also, HealthPass COBRA members:

- Are billed directly at their home
- Receive a separate renewal
- Have access to HealthPass Member Services

To make COBRA Administration even easier, enroll in COBRA Administrative Services and HealthPass will:

- Send initial notification of COBRA eligibility
- Generate and send COBRA enrollment forms to former employees and/or qualified dependents
- Provide prompt notifications to COBRA enrollees
- Adhere to mandated timelines
- Track new COBRA legislation



**You can enroll in HealthPass COBRA Administration Services at anytime during the plan year.**

Annual Fee	
2-10 Enrolled Employees: \$100/Year	21 -50 Enrolled Employees: \$250/Year
11-20 Enrolled Employees: \$150/Year	51+ Enrolled Employees: \$500/Year
\$1 per enrolled employee per month	



# COBRA Administration Election Form

I want to enroll in COBRA Administration Services:

Yes

No

If yes, the annual fee will be determined by the number of employees that you have enrolled with HealthPass:

2-10 = \$100

11-20 = \$150

21-50 = \$250

51+ = \$500

Please send payment of the annual fee with this form in order to activate coverage.

Note that your next annual fee will be billed to your account on your COBRA administration anniversary. (1 year from your activation date below)

You will be charged a fee of \$1.00 per enrolled employee per month.

## Authorization

**I hereby authorize HealthPass to enroll my business in COBRA Administration Services:**

Date to activate COBRA Administration (must be 1st of the month): \_\_\_\_\_

Business Name: \_\_\_\_\_

HealthPass Group Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Name (please print): \_\_\_\_\_

\_\_\_\_\_  
Signature/Date

**For further information, call HealthPass Member Services at 888.313.7277.  
Fax completed election form to 888.354.7277**