

COBRA NEW ACCOUNT SETUP

North American Benefits Company

Suite 310 20 Valley Stream Parkway Malvern, Pennsylvania 19355

Email: cobra@nabenefits.com Phone: 610-995-0169

Employer Information:

Employer Name		
Business Address	City	ST Zip
Primary Contact	E-mail	
Primary Contact Phone Number	Primary Contact Fax	x Number
Broker Name	Broker Phone Numb	per
to fall under federal COBRA?	Total number of E ur organization have a sufficient number of	
Requested effective date of COBR		r r employees as a naction of a r r employee)
information to NABCO in ar	end each employee and spouse a COBRA In n outlined format. See attached price exhibit DBRA Initial Notices for current employees a	
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 4. Are there any <u>current</u> COBRA Paragram (Report pen) 5. NABCO billing statement sent to: 	rticipants?	
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If more space is needed for Benefit Plan information, please make an additional copy of this page

Employee & Child(ren): \$_

Family: \$_

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Employee & Spouse: \$_

Employee: \$_