



## COBRA/HIPAA Administration Quote Request

Broker/Consultant name, contact name, address, phone number, email address?

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Full name and address of client account (in order to customize/personalize the proposal)?

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Website address, if any, of client account (in order to customize/personalize the proposal with client's logo)? \_\_\_\_\_

Effective date: \_\_\_\_\_

Total Number of eligible employees? \_\_\_\_\_

Enter number of participating Qualified Beneficiaries:

1. Currently on COBRA \_\_\_\_\_
2. In the Election Period \_\_\_\_\_
3. Elected COBRA –Not Paid Premium \_\_\_\_\_

Current COBRA Administrator:

\_\_\_\_\_ Employer  
 \_\_\_\_\_ Other (name) \_\_\_\_\_  
 \_\_\_\_\_

If other, Current COBRA fees

- \$ \_\_\_\_\_ Per Employee Per Month  
 \$ \_\_\_\_\_ Per Qualifying Event  
 \$ \_\_\_\_\_ Per DOL  
 \$ \_\_\_\_\_ Other

Additional comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Broker/Consultant

\_\_\_\_\_  
Date

*Please email or fax this completed form to Ned Atkins*

**Ned Atkins, Regional Director – Sales & Marketing**  
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