



Plan Design Worksheet: COBRA Administration Services

Today's date	
Anticipated Implementation Date	
Preferred Fee Structure	<input type="checkbox"/> All-Inclusive <input type="checkbox"/> Per Event
Client Information	
Client Full Legal Name	
Client Primary Contact	Name Title Phone Email Fax
Client Mailing Address	Street City State Zip
Tax ID Number – EIN	
Organization Type	<input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Subchapter S <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other <i>Explain:</i>
Business Description Code	<i>SIC or NAICS Code number, or description of primary line of business</i>
Affiliated Corporations	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list the names, addresses & phone numbers of each Affiliated Corporation:</i>
Brokerage	
Broker Primary Contact	Name Email Title Phone

General Information	
Other GDI Services	<i>List all other GDI services in which your organization is enrolled (for example FSAs, HRA)</i>
Current COBRA Administrator	
Current Enrollment	<i>Total number of employees currently enrolled in your group medical plan(s)</i>

Benefit Information

Domestic Partners	Do you have an agreement in place with your insurance carrier(s) to extend COBRA rights to Domestic Partners*? <i>*COBRA applies only to those qualifying events that are subject to 18 months of coverage</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical FSA	Do you currently offer Medical Flexible Spending Accounts (FSA)? <i>If Yes, please enter FSA plan year dates: _____ to _____</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
HRA	Do you currently offer a Health Reimbursement Arrangement (HRA)? <i>If Yes, include HRA COBRA rates below.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
HRA COBRA Premium Rates	Current HRA COBRA Rates: Single \$ _____ / Family \$ _____ / Other \$ _____ If unknown, would you like GDI to determine HRA COBRA Premiums by applying GDI's Standard HRA Utilization Rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide the following for EACH COBRA-Qualified Plan:
If you need additional space, please use a separate sheet

Medical Plan Information

Plan Effective Date			
Plan Renewal Date			
Terminations <i>Coverage terminates on:</i>	<input type="checkbox"/> Last day of the month in which event occurs; <input type="checkbox"/> Midnight, date of event <input type="checkbox"/> Other <i>Explain:</i>		
Plan Name(s)	<i>For example: HMO, PPO, POS</i>		
Group Number(s)			
Monthly Premium Rates	Single: \$ _____	EE+Spouse: \$ _____	EE+Child(ren)\$: _____
	Family: \$ _____	Other: \$ _____	Other: \$ _____
	<i>Monthly rate for each tier of coverage, do <u>not</u> include the 2% COBRA administration fee</i>		
Carrier Name	Carrier Name		
	Street	City	State Zip
Carrier Contact <i>COBRA enrollments & terminations</i>	Contact Name	Title	
	Email	Phone	

Please provide the following for EACH COBRA-Qualified Plan:
If you need additional space, please use a separate sheet

Dental Plan Information

Plan Effective Date	
Plan Renewal Date	
Terminations <i>Coverage terminates on:</i>	<input type="checkbox"/> Last day of the month in which event occurs; <input type="checkbox"/> Midnight, date of event <input type="checkbox"/> Other <i>Explain:</i>
Plan Name(s)	<i>For example: High Plan; Low Plan</i>
Group Number(s)	
Monthly Premium Rates	Single: \$ _____ EE+Spouse: \$ _____ EE+Child(ren)\$: _____ Family: \$ _____ Other: \$ _____ Other: \$ _____ <i>Monthly rate for each tier of coverage, do <u>not</u> include the 2% COBRA administration fee</i>
Carrier Name	Carrier Name Street _____ City _____ State _____ Zip _____
Carrier Contact <i>COBRA enrollments & terminations</i>	Contact Name _____ Title _____ Email _____ Phone _____

Other Plan Information

Plan Effective Date	
Plan Renewal Date	
Terminations <i>Coverage terminates on:</i>	<input type="checkbox"/> Last day of the month in which event occurs; <input type="checkbox"/> Midnight, date of event <input type="checkbox"/> Other <i>Explain:</i>
Plan Name(s)	
Group Number(s)	
Monthly Premium Rates	Single: \$ _____ EE+Spouse: \$ _____ EE+Child(ren)\$: _____ Family: \$ _____ Other: \$ _____ Other: \$ _____ <i>Monthly rate for each tier of coverage, do <u>not</u> include the 2% COBRA administration fee</i>
Carrier Name	Carrier Name Street _____ City _____ State _____ Zip _____
Carrier Contact <i>COBRA enrollments & terminations</i>	Contact Name _____ Title _____ Email _____ Phone _____