



Name of Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

How many locations will report directly to ChoiceCOBRA? _____

To how many locations will ChoiceCOBRA report information? _____

Number of eligible employees: _____

Average number of new hires per month? _____

Average number of terminations per month? _____

Average number of qualifying events per month? _____

Number of employees covered under health coverage? _____

How many COBRA continuants currently covered? _____

Number of medical plans provided? _____

How many insurance carriers? _____

Number of dental plans offered? _____

Are retirees eligible for health benefits? _____

Email or Fax this request to ChoiceCOBRA at the address below. A proposal will be generated and emailed back to you.