



## Quote Questionnaire

Client Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Number of:

Active Employees: \_\_\_\_\_ Benefit Enrolled Employees: \_\_\_\_\_

Benefit Plans Subject to COBRA: Medical \_\_\_\_\_ Dental \_\_\_\_\_  
Vision \_\_\_\_\_ EAP \_\_\_\_\_ Medical Spending \_\_\_\_\_

Active Employees for: Medical \_\_\_\_\_ Dental \_\_\_\_\_  
Vision \_\_\_\_\_ EAP \_\_\_\_\_ Medical Spending \_\_\_\_\_

Enrolled COBRA Participants: \_\_\_\_\_

Pending COBRA Participants, (*i.e.*, participants notified but within the 60 day election period): \_\_\_\_\_

Locations responsible for tracking COBRA Eligibility: \_\_\_\_\_

Annual turnover % or number of W-2's issued for most recent tax year: \_\_\_\_\_%

Who currently administers COBRA Compliance? \_\_\_\_\_

Will eligibility information be available electronically? \_\_\_\_\_

Will administrator be responsible for reporting eligibility to carriers? \_\_\_\_\_  
(*If yes, carriers would be required to accept our standard electronic eligibility.*)

Will the administrator be responsible for COBRA billing reconciliation? \_\_\_\_\_

Are COBRA General Notices sent to each newly enrolled employee at the home address when he/she first becomes benefit enrolled? \_\_\_\_\_

How did you hear about COBRA Connection? \_\_\_\_\_

Completed by: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_