RP Riley Management Group, Inc.
Benefits Beyond Excellence

COBRA/HIPAA
Employer Application

Please complete this form and send to:
RP Riley Management Group, Inc., P.O. Box 146, Mukwonago, WI. 53149

Employer Name: _____

Contact: _____ Contact:_____

Address:_____

Phone:_____Fax:_____E-mail:_____

Send correspondence to: _____

Branch: The above information is need for each location. If you have more than one location, please list them on a separate sheet of paper.

COBRA Information

Total Number of EE's _____

COBRA participant start date: (check one) 1st of month after term Day after term Other

If other, please explain: _____

Effective Date: _____ Number of current employees on COBRA: _____

Check the service you want Enhanced Benefits Solutions, Inc. to provide:

Initial COBRA Continuation Notice (Current employees) Special Enrollment Right Notice

Certificate of Creditable Coverage (HIPAA) (Self-funded only) Women's Health Cancer Right Act

How should we mail notices: First class e-mail to EE if allowed
Certificate of mailing ($1.00 extra per letter)

First Class cc to employer e-mail cc to employer

Send COBRA CONTINUATION Insurance Premiums to: **Employer**

Insurance Plan Information

Insurance Plan Year (i.e. Jan-Dec.):_____Open Enrollment Period:_____

New hire waiting period for coverage:_____ Number of Covered Employees:_____

Check all that apply to your benefit package:

Health	Rx_____ (if separate)	Flexible Spending Account
Dental	Rx Notification done by: (name of carrier)	Self-Funded
Vision	_____	Fully Insured
EAP Program		Conversion Available
150% Rate for Social Security Disability		

Important Notice:
Please provide a list of all applicable premium rates charges for each benefit plan.

Employer Representative

Print Name _____

Signature _____

Date _____

RP Riley Management Group, Inc.

Print name _____

Signature _____

Date _____