



**Contact Info:**  
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**Employer COBRA Setup Form**

**Part 1: About Your Company**

COBRA Effective Date: \_\_\_\_\_

Name of Business			
Business Mailing Address (Street, City, Zip Code)			
Name of Executive Contact	Title	Telephone	Fax
Email Address of Executive Contact			
Federal Tax ID #			

**Part 2a: COBRA Administration Information - Insurance Plan #1**

Carrier Name	Insurance Type	Fully Insured (Yes or No)
Plan Name	Plan Policy #	Plan Anniversary Date
<b>Coverage Termination (please circle one):</b> Date of Qualifying Event		
		End of Month/Extended Notice Rule
<b>Does This Plan Offer Conversion?</b> Yes No		
<b>Composite Rate Table:</b>		
<b>Coverage Level</b>	<b>Monthly Premium (Previous Year)</b>	<b>Monthly Premium (Current Year)</b>
Employee Only	\$ _____	\$ _____
Employee + Spouse	\$ _____	\$ _____
Employee + Child/ren	\$ _____	\$ _____
Family	\$ _____	\$ _____

**Part 2b: COBRA Administration Information - Insurance Plan #2**

Carrier Name	Insurance Type	Fully Insured (Yes or No)
Plan Name	Plan Policy #	Plan Anniversary Date
<b>Coverage Termination (please circle one):</b> Date of Qualifying Event		
		End of Month/Extended Notice Rule
<b>Does This Plan Offer Conversion?</b> Yes No		
<b>Composite Rate Table:</b>		
<b>Coverage Level</b>	<b>Monthly Premium (Previous Year)</b>	<b>Monthly Premium (Current Year)</b>
Employee Only	\$ _____	\$ _____
Employee + Spouse	\$ _____	\$ _____
Employee + Child/ren	\$ _____	\$ _____
Family	\$ _____	\$ _____