

COBRA: Employer Carrier Authorization



Employer and carrier

Employer name _____ Tax ID number _____

Carrier name _____

Authorization to release information

This signed form serves as our company's authorization to release to PacificSource Administrators, Inc., all information necessary for providing COBRA administrative services for our company.

This information includes, but is not limited to: employee names, Social Security numbers, and addresses; dependents' names, Social Security numbers, and addresses; types and levels of coverage provided by your organization; cost of this coverage; effective date of coverage; and payment status.

Employer signature _____ Date _____

Carrier eligibility department information

As a COBRA administrator, PacificSource will send eligibility updates regarding the coverage of COBRA members. Please provide:

Eligibility contact name (or department name) _____ Eligibility phone _____

Eligibility fax _____ Eligibility email address _____

Customer service phone _____

Indicate the method PacificSource should use to send the eligibility updates.

Email

Electronic file

PacificSource Administrators will need a copy of your company's group structure, outlining the policy numbers and COBRA codes. Include a copy of the group structure as a supplement to this letter or list the information below:

Group structure is attached

Codes are listed below

Plan name

Policy number

COBRA sub code

Continued >

Additional plan information

When a dependent is added to the plan, when does billing for coverage begin?

On the date of birth

On the first day of the following month

Other, please specify: _____

Coverage levels offered under the available plans for your company (check all applicable levels):

Employee only

Employee + 1

Employee + spouse

Employee + 2

Employee + child

Employee + 3

Employee + children

Spouse only

Employee + family

Child only

Carrier contact signature _____ Phone _____

Note: Carrier contacts will be listed in our system as authorized contacts per HIPAA requirements.

PacificSource Administrators, Inc., will contact you during the set-up process of your COBRA account to ensure all information is accurate.

Please send this form to PacificSource Administrators, Inc., and retain a copy for your records.

- Email: COBRA@PacificSource.com
- Mail to PSA, PO Box 71096, Springfield OR 97475
- Fax: **888-273-5926**

Questions? Email us, or call **877-355-2760**, TTY: 711. We accept all relay calls.