

## Request for *PWA COBRA/REliance* and HIPAA Services

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please answer the following questions. The answers given will help determine your proposed contract verbiage and level of administration needed. Thank you.

Number of Total EE's: \_\_\_\_\_ Number of Active EE's: \_\_\_\_\_

Total #of Active Group plans (medical, dental, vision): \_\_\_\_\_

Current Benefits:

Carrier Name:

Medical

\_\_\_\_\_

Dental

\_\_\_\_\_

Vision

\_\_\_\_\_

HSA, HRA, Sect. 125, etc.

\_\_\_\_\_

Who is administering your Company's COBRA/HIPAA currently? (check one)

In-House: \_\_\_\_\_ TPA: \_\_\_\_\_ None: \_\_\_\_\_

If TPA, which carrier? \_\_\_\_\_ Monthly rate: \_\_\_\_\_

*Our COBRA/HIPAA department is equipped with COBRA and HIPAA notifications, beneficiary tracking, billing and premium tracking, customer service, claims, assistance with Open Enrollment, monthly enrolled beneficiary reports, etc.*

Please complete form for more information or call Bree Wallace at 916.631.7887.