



COBRA ADMINISTRATIVE SERVICES
Quote Request Form

Today's Date: \_\_\_\_\_

Please complete the following information to receive a quote for Leggette's COBRA Services.

Requested Effective Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

GENERAL PLAN INFORMATION

Group Health Plan Name(s) \_\_\_\_\_

Please list current COBRA Administrator: \_\_\_\_\_

Group Health Plan Type: (Check all boxes that apply) Number of Group Health Plan(s) \_\_\_\_\_

Medical Dental Vision Rx Medical FSA HRA

Self Funded Fully Insured

HMO PPO POS Indemnity

Number Employees on Payroll: \_\_\_\_\_ Number of Benefit Eligible Employees: \_\_\_\_\_

Number of Covered Employees: \_\_\_\_\_ Number of Current COBRA Continuant: \_\_\_\_\_

Request completed by: \_\_\_\_\_ Title: \_\_\_\_\_

If you have any questions or concerns, please do not hesitate to call Yolande, Certified COBRA and HIPAA Administrator, at 214-443-4361 or send an email to COBRA@Leggette.com.