



Please return this form to Flex Facts; 7 Grant Avenue, Lakewood, NJ 08701

Fax: 877-747-8564, E-mail: [COBRA@flexfacts.com](mailto:COBRA@flexfacts.com);

## COBRA Rate Renewal Request

### General Information

Employer: \_\_\_\_\_

Renewal Contact: \_\_\_\_\_

### Broker/Agent Information

Agency Name: \_\_\_\_\_ Broker Name: \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Plan Information

Carrier Name: \_\_\_\_\_ Insurance Type: \_\_\_\_\_

Plan Name: \_\_\_\_\_

Plan Policy Number: \_\_\_\_\_ Next Plan Anniversary Date: \_\_\_\_\_

Customer Service Contact: \_\_\_\_\_  
*Name Phone E-mail*

Enrollment Contact: \_\_\_\_\_  
*Name Phone E-mail*

Enrollment Address: \_\_\_\_\_

Does the Plan offer conversion? \_\_\_\_\_

Plan Rate Type: Composite: \_\_\_\_\_ Age/Gender Based: \_\_\_\_\_ Please Include a copy of rate table:

If the rates are Age/Gender Based does the carrier adjust the premium on the Birth Date  or Plan Anniversary

### Conversion Rate Table (Provide Monthly Premium For All That Apply)

Employee Only: \_\_\_\_\_ Employee + Spouse: \_\_\_\_\_

Employee + Child: \_\_\_\_\_ Employee + Children: \_\_\_\_\_

Employee + Family: \_\_\_\_\_ Employee + 1 Dependent: \_\_\_\_\_

Spouse Only: \_\_\_\_\_ Employee + 2 Dependents: \_\_\_\_\_

Spouse & Child: \_\_\_\_\_ Spouse + Children: \_\_\_\_\_

Child Only: \_\_\_\_\_ Other \_\_\_\_\_: