PacificSource.com/PSA
Phone: 877-355-2760 Fax: 888-273-5926
PO Box 71096, Springfield, OR 97475-0182
cobra@pacificsource.com

COBRA Employer Carrier Authorization Form

* =Required

Company Name:		Tax ID #:	
Carrier Name:			

This signed form will serve as our company's authorization to release to PacificSource all information necessary for its use in 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:	

ATTN Carrier Eligibility Department: Complete Requested Information

As our new COBRA administrator, PacificSource will be sending eligibility updates to you regarding the coverage of our COBRA members. Provide below the following requested information:

Eligibility Contact Name (or Department Name):	
Eligibility Phone Number:	
Eligibility Fax Number:	
Eligibility Email Address	
Customer Service Phone Number:	
Indicate the method PacificSource should use to send the eligibility updates (*To select boxes, double click the box and select 'checked' or 'not checked' under 'Default value'*)	☐ Email ☐ Electronic File
PacificSource will need a copy of the 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 in spaces below

Plan Name	Policy Number	COBRA Sub Code

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:	

Please check the applicable coverage levels offered under the available plans for our company:

☐ Employee Only	☐ Employee + 1
☐ Employee + Spouse	☐ Employee + 2
☐ Employee + Child	☐ Employee + 3
☐ Employee + Children	☐ Spouse Only
☐ Employee + Family	☐ Child Only

Carrier Contact Signature:		Phone Number:	

PacificSource will be contacting you during the set up process of our COBRA account to ensure all information is accurate.

*Carrier Contact(s) will be listed on PacificSource's system as Authorized Contacts for HIPAA regulation requirements.