

COBRA Retiree/Direct Billing Proposal Request Form



Please submit this completed form to CobraInquire@AskAllegiance.com

Proposal Requested by	Proposed Effective Date*	
Company Name	Phone	Fax
Contact Name	Contact Email	

*Desired effective date subject to approval by Allegiance COBRA Services

Company Information

Company Name	Contact Name	
Phone	Fax	Email
Address	State of Domicile	
City	State	Zip
# Employees	# Covered Employees	Approximate # of Retirees
# Current COBRA Participants	# Locations	Direct Billing Events in Past Year

Broker Information

Broker Name	Contact Name
Phone	Email

Health Plan Information

# Medical Plans	Carrier(s)	Renewal Date
# Dental Plans	Carrier(s)	Renewal Date
# Vision Plans	Carrier(s)	Renewal Date
Self-funded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Open Enrollment Date

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