



Employer/Carrier Authorization Form

| Company Name | | Tax ID Number | | |
|--|-----------------|---------------------------------------|----------------------------------|-----|
| Carrier Name | | | | |
| ATTN: Carrier Eligibility Department — Complete requested information | | | | |
| As the new COBRA administrator, $\mbox{\sc Aptia}$ will be following information: | sending eligi | bility updates regarding the coverage | of COBRA members. Please provide | the |
| Plan Information: | | | | |
| Aptia requires this information to properly administer eligibility for COBRA members. | | | | |
| When would coverage for a newly added dependent begin? | | | | |
| The day of the event On the first day of | f the following | g month Other, please specify: | | |
| When would coverage end if a dependent is removed for death, divorce or loss of dependent status? | | | | |
| The day of the event Last day of the m | onth | Other, please specify: | | |
| Eligibility Contact Information: At this time, Aptia will send manual COBRA eligibility updates via secure email to the eligibility contact provided below. | | | | |
| Eligibility Contact Name (or Department Name): | | | | |
| Eligibility Phone Number: | | | | |
| Eligibility Email Address: | | | | |
| Customer Service Phone Number: | | | | |
| Do you require monthly COBRA paid-through reports sent to you by Aptia? Yes (eligibility email address required) No | | | | |
| If you are interested in an electronic file feed for communicating COBRA eligibility updates, please check the electronic file box, and complete the Technical File Contact information below. Aptia will be in touch when they are ready to start the process. Once the electronic file has been established the manual eligibility updates provided to the eligibility contact above will cease. | | | | |
| Technical File Contact Name (or Department | Name): | | | |
| Technical File Contact Phone Number: | | | | |
| Technical File Email Address: | | | | |
| Group Structure Information: Aptia requires a copy of our company's gr | oup structu | ure outlining the policy numbers a | nd COBRA codes. | |
| Include a copy of the group structure as a su | | * | | |
| Group structure is attached. | odes are list | ed below. | | |
| Plan Name | | Policy Number | COBRA Sub Code | |
| | | | | |
| | | | | |

Note: Aptia may be contacting the eligibility contact during the set-up process of our COBRA account to ensure all information listed above is accurate or if Aptia has any questions. Carrier Contact(s) will be listed in Mercer Marketplace' system as

Authorized Contacts for HIPAA regulation requirements.