



COBRA Billing Designation

TO: SURENCY

FROM:

DATE:

We hereby agree to have Surency administer the billing for vision coverage continued under the Consolidated Omnibus Budget Reconciliation Act (COBRA) legislation.

We will be responsible for informing any terminating employee and/or eligible dependents wishing to continue vision coverage of their rights as provided under the COBRA laws, and shall submit to Surency all eligibility information on employees extending their vision coverage.

Surency will be responsible for billing all eligible participants directly and collecting premium as outlined in the COBRA statutes and regulations. These regulations include, but are not limited to, maintaining the same coverage design for the COBRA enrollees; billing at the existing group rate plus an administrative charge of two percent of current premium; and termination of COBRA enrollees for failure to pay required premiums by the end of the coverage month.

Company Name

Printed Name of Authorized Group Representative

Title

Authorized Signature

**Return completed form back to Surency at email: marketing@surency.com - fax: 316-462-3329
or mail: P.O. Box 789773, Wichita, KS 67278-9773
866-818-8805 • Surency.com**