



Employer Account for Benefit Managers

This document will help you get access to your Surency COBRA Employer Account and COBRA-Bills Account.

Surency COBRA Employer Account Registration

After online enrollment has been set up and confirmed, you will be able to access your Surency COBRA Employer Account. To become an authorized user of our website, Surency COBRA will send you a unique registration code to set up your account. Visit cobra.surency.com and click on NEW USER link and follow the registration process. Please note: You will be asked to enter your company's tax identification (EIN) number upon initial registration.

Your Surency COBRA Employer Account will give you access to online eligibility for qualified beneficiaries and new hires, ad hoc reporting functions and view consumer/group level notices.

It is recommended that no more than three (3) individuals be authorized to access the data. If new/additional access is needed, please resubmit this form.

If you have any problems logging in, please contact the Sales department at 800-264-9462 or via email at marketing@surency.com.

Online Billing (COBRA-Bills Account)

You may choose to receive your monthly billing statement electronically through our website at Surency.com. If you choose this option, you will receive a monthly email reminder when the bill is posted to our website. You can view and download the billing by logging in to your **COBRA-Bills Account**.

Where to send your completed Employer Account Registration Forms

If you would like to have access to your COBRA Employer Account and COBRA-Bills Accounts as explained above, fill out the attached Employer Account Registration Forms and either fax back to Surency at **316-272-4842** or email to: **cobra@surency.com**.

If new/additional access is needed, please resubmit this form.

800-264-9462 • Surency.com



Surency COBRA - Employer Account Registration Form

(Please retain a copy of this completed form for your record)

Surency COBRA - Employer Account

Complete this form to have access to your **Surency COBRA Employer Account**. It is recommended that no more than three (3) individuals be authorized to access the data. If new/additional access is needed, please resubmit this form.

Group Name: _____ Group Number: _____

Administrative Users:

Please indicate all contacts.

Date	Contact Name/Title	Email Address	Phone Number

Name: _____ Broker Employer

EIN: _____ Phone Number: _____

Email Address: _____ (this is the email address that will be used to log in to your Employer Account)

User Signature: _____ Date: _____

Employer authorization for Broker/Agency online access: (if applicable)

Print Name: _____ Date: _____

Employer Signature: _____

Once access has been activated, an email will be sent to inform each contact of their Username and Password and instructions on how to log in to their Surency COBRA Employer Account. Following the first successful log in, users will be prompted to change their password and choose a security question.

Internal Use Only:

Set up by: _____ Date: _____

Disclaimer: It is the employer's responsibility to notify Surency immediately in writing, via fax 316-462-3329 or email marketing@surency.com, when an employee's access to online services should be terminated. Surency shall not be held liable for any unauthorized access to the group's online services, or online changes made to the group's benefits and eligibility unless the employer has submitted written notification to Surency prior to any unauthorized access.

**Return completed form back to Surency at email: cobra@surency.com
or fax: 316-272-4842
800-264-9462 • Surency.com**



Surency COBRA-Bills Account Registration Form

(Please retain a copy of this completed form for your record)

Complete this form to access your billings online at Surency.com.
Fill out one form per person.

Online Billing (Surency COBRA-Bills Employer Account)

GROUP NAME

GROUP NUMBER

(Use all 18 digits of group number; each group and/or subgroup has an individual group number and must be listed)

I am replacing the main billing account

I am an additional user

Create a Temporary Password*:

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Password requirements:

- Minimum of eight (8) and a maximum of 15 characters
- at least one (1) uppercase letter
- at least one (1) lowercase letter
- at least one (1) number

***Following the first successful log in, users will be prompted to change their password and to choose a security question.**

Name: _____ Phone Number: _____

Email Address: _____ (this is the email address that will be used to log in to your Employer Account)

User Signature: _____ Date: _____

Disclaimer: It is the employer's responsibility to notify Surency immediately in writing, via fax 316-462-3329 or email marketing@surency.com, when an employee's access to online services should be terminated. Surency shall not be held liable for any unauthorized access to the group's online services, or online changes made to the group's benefits and eligibility unless the employer has submitted written notification to Surency prior to any unauthorized access.

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