



CONEXIS

human resourceful

QUOTE REQUEST

COBRA/HIPAA FSA POP

Employer Information			
Company Name		Company Contact Name	Federal Tax ID Number - FEIN
Address			Requested Effective Date / /
City		State	Zip
Telephone Number ()	Fax Number ()		E-Mail

COBRA

Number of Employees Eligible for Benefits:	Number of Employees Covered Participants:	Number of Current COBRA Continuants:	Number of Carriers:	Turnover Percentage:
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FSA

Number of Employees Eligible for Benefits:	Estimated Number of FSA Participants:	Is there a current FSA in place?	If yes, what is the Plan Renewal Date:
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Broker Information

Agency Name		Broker Code/License	
Broker Name		Agency FEIN	
Address			
City		State	Zip
Phone Number ()	Fax Number ()		E-Mail

NOTES:

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