

**ADA / COBRA ADMINISTRATION
OTHER CARRIER INFORMATION FORM**

(FILL OUT THIS FORM COMPLETELY FOR EACH NON-ADA SPONSORED PLAN)

PLEASE PRINT OR TYPE DATE _____

Dealership Name _____ Phone (____) _____ - _____

Contact Name _____ Fax (____) _____ - _____

Name of Other Carrier _____

Customer Service Number (____) _____ - _____

Name of Insurance Agent _____ Phone (____) _____ - _____

Other Carrier Group Number _____

Type of Insurance _____ Is this plan self-funded? _____

Total Number of Current Employees at Dealership _____

Rate Renewal _____ Open Enrollment _____

Other Carrier Premiums Effective Date _____

Single	\$ _____	/month
Sub & Spouse	\$ _____	/month
Sub & Child	\$ _____	/month
Full Family	\$ _____	/month
Family Continuation	\$ _____	/month
Other	\$ _____	/month

This form must be received within 30 days of any changes to plan or rate renewal.

Differences in premium due to untimely reporting of changes will be the responsibility of the Dealership.

ADA COBRA Administration Service
P.O. Box 2525
East Lansing MI 48823
Phone (800) 292 – 1923 Fax (517) 351 – 3110