

# Assignment of COBRA Administrator

Insurance Carrier: \_\_\_\_\_  
Group Number: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer City, State, ZIP: \_\_\_\_\_

Benefit Resource, LLC. (BRI) has been assigned to assist us in COBRA administration, effective \_\_\_\_/\_\_\_\_/\_\_\_\_. Please provide them any information necessary regarding our Plan(s), enrollment/termination, open enrollment, conversion plans, and COBRA participant information.

Please note that Benefit Resource, LLC will now be billing any COBRA members directly for COBRA Premiums.

We request that any COBRA billing group number suffixes currently designated to bill directly to the member should hereby be changed to the suffix designated to bill in accordance to the selections above.

Please continue to send the Premium Billing Statements to the Employer.

Provide BRI online account access for COBRA Enrollment/Termination: Yes  No

## The contact information for Benefit Resource, LLC:

Benefit Resource, LLC  
245 Kenneth Drive  
Rochester, NY 14623

585-424-5200  
[COBRA@BenefitResource.com](mailto:COBRA@BenefitResource.com)

Signature \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*ELIGIBILITY EMAILS TO CARRIERS:** BRI configures Carrier Notifications to be emailed directly to a designated Carrier contact (including client contacts) following nightly processing. Emails will contain all members with new eligibility changes for the plan, organized by Notification Type (Reinstatements/Terminations, etc) in a PDF format.

**Important:** BRI eligibility emails may be sent from [noreply@wexhealth.com](mailto:noreply@wexhealth.com). Please ensure that this address is whitelisted by all recipients to guarantee delivery. Emails will only be sent over TLS. All recipients must be able to accept emails using TLS. If you would like BRI to deliver a test email for validation, please let us know.