



COBRA/Direct Bill Headcount

<p>Please submit copies or proof of aggregated total headcount for medical Please Note: This is used to confirm the number of <i>active</i> employees who are insured.</p>	
COBRA Administration: Headcount of active employees	Direct Bill: Headcount (if applicable)
Most Recent Medical Invoice (Month/Year)	Most Recent Medical Invoice (Month/Year)
Insurance Carrier Name	Insurance Carrier Name
Total # of Insured Employees:	Total # of Insured Employees:
<i>If more than one medical carrier is offered, please complete below for additional counts</i>	
Insurance Carrier Name	Insurance Carrier Name
Insurance Carrier Name	Insurance Carrier Name
<p>We update this number on a yearly basis during renewal but also ask for communication to us if the covered life count changes by more than 10% at any point during the year. BRI would adjust the count, as applicable, at that time. Please send any changes, along with invoice copies, to your dedicated COBRA/Direct Bill administrator and include accounting@benefitresource.com</p>	
Click or tap here to enter text.	Click or tap to enter a date.
Signature	Date