

Complete this form and fax to (818) 843-3489 for a

FREE LISTING

CALIFORNIA BROKER 2010 DIRECTORY

To: _____

Fax: _____

217 E. Alameda Ave., Ste. 301 • Burbank, CA 91502
(818) 848-2957 Ext. 16 • Fax (818) 843-3489
Email: directory@calbrokermag.com

COBRA Form

Company Name: _____

Contact Person (name required): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Toll Free: _____

Fax: _____

Email1: _____

Email2: _____

Web Site: _____

Services Offered:

- | | | |
|---|--|------------------------------|
| <input type="checkbox"/> Contract Assumption of Liability | <input type="checkbox"/> Online Functionality | <input type="checkbox"/> HRA |
| <input type="checkbox"/> Technical Support Available | <input type="checkbox"/> Premium Collection & Payment | <input type="checkbox"/> HSA |
| <input type="checkbox"/> Update Notices and Send Notices | <input type="checkbox"/> Employee Benefit Administration | <input type="checkbox"/> FSA |
| <input type="checkbox"/> Service Nationwide | <input type="checkbox"/> Consumer-Driven Benefit Plans | |
| <input type="checkbox"/> HIPAA Administration | <input type="checkbox"/> COBRA Administration | |

Serving: _____

Fax Completed Questionnaire to (818) 843-3489

Or Email: directory@calbrokermag.com

For more information call Scott Halversen (818) 848-2957 ext. 16

Person Completing Questionnaire: _____

Email: _____ Phone: _____