



165 Court St, Rochester, NY 14647
A nonprofit independent licensee of the BlueCross BlueShield Association

Dear Administrator:

Please complete the following and return it to:

Excellus BlueCross BlueShield
Membership and Billing Department
PO Box 22999
Rochester, New York 14692

1. Billing Election - Please select the option you prefer.
 - We would like Excellus BlueCross BlueShield to administer the billing for our COBRA or New York State continuation of coverage provisions subscribers. (If you select this option, you must sign the Administrative Agreement on the back of this form.)
 - We would prefer to collect premiums and remit the payments on our COBRA or New York State continuation of coverage provisions group bill for our subscribers.

2. COBRA and New York State continuation of coverage provisions do not apply to us because:
 - We are considered a church plan.

3. Group Name: _____

4. Signature: _____ Title: _____

5. Group Number: _____ Telephone: _____

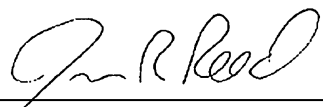
PLEASE SEE REVERSE SIDE FOR ADMINISTRATIVE AGREEMENT

Administrative Agreement for Health Insurance Continuation Coverage

Excellus BlueCross BlueShield and _____ the (“Employer”) agree as follows:

1. As agent for the Employer, Excellus BlueCross BlueShield will, on a monthly basis, bill and collect premiums from those employees and other beneficiaries of the Employer’s group health insurance plan who qualify for and elect to purchase continuation coverage in accordance with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) or New York State continuation of coverage provisions. Benefits and premiums will correspond to those otherwise applicable under the plan, provided that Excellus BlueCross BlueShield will add to each bill a charge for its administrative service equal to two percent (2%) of the applicable premium, which service charge the Employer is assigning to Excellus BlueCross BlueShield, as its agent.
2. The employer will have sole responsibility for complying with all notice requirements and election procedures under COBRA or New York State continuation of coverage provisions and for determining who is eligible for continuation coverage under its group health insurance plan. The Employer will notify Excellus BlueCross BlueShield, in writing with respect to the commencement, termination and other terms and conditions of continuation coverage for each eligible individual, and Excellus BlueCross BlueShield, will be entitled to rely upon those instructions.
3. The Employer will indemnify Excellus BlueCross BlueShield from and against any and all claims, liabilities, costs or damages that arise as a result of Employer’s failure to comply with the requirements of COBRA or New York State continuation of coverage provisions. The Employer’s duty to indemnify will survive the termination of the Agreement.”
4. Any party may terminate the Agreement by giving sixty days written notice to the other parties.

Dated: _____ Excellus BlueCross BlueShield

By: _____

James R. Reed
Senior Vice President Marketing and Sales

Employer

By: _____