

# Employer Authorization

**Discovery Benefits**  
COBRA

Date

Name of Carrier

Group #

Street Address

Group Tax ID #

City

State

Zip

**Attn: Membership Department**

To Whom It May Concern:

This letter will serve as your company's authorization to release to Discovery Benefits all information necessary for its use in providing COBRA administrative services to our company.

This information includes, but is not limited to, employee names, social security numbers, addresses, dependents' names, social security numbers, addresses, types and levels of coverage provided by your organization, cost of this coverage, effective date of coverage and payment status.

A representative from this Employer may be in contact with you soon requesting all COBRA continuants be placed in a separate roll for billing purposes. If you have any questions about this request, please contact a Customer Service Representative at Discovery Benefits. The toll free number is 866.451.3399 and in Fargo 451.3399. Upon request of the Employer, billing statements for COBRA continuants should be sent to the attention of Discovery Benefits at the following address:

Discovery Benefits  
PO Box 869  
Fargo, ND 58107-0869  
Fax: 866-640-7540

Sincerely,

Signature

Company Name

Title