



## COBRA Billing Designation

TO: Delta Dental of Kansas

FROM:

DATE:

We hereby agree to have Delta Dental of Kansas handle the billing for dental coverage continued under the Consolidated Omnibus Budget Reconciliation Act (COBRA) legislation.

We will be responsible for informing any terminating employee and/or eligible dependents wishing to continue dental coverage of their rights as provided under the COBRA laws, and shall submit to Delta Dental of Kansas all eligibility information on employees extending their dental coverage.

Delta Dental of Kansas will be responsible for billing all eligible participants directly and collecting premium as outlined in the COBRA statutes and regulations. These regulations include, but are not limited to, maintaining the same coverage design for the COBRA enrollees; billing at the existing group rate plus an administrative charge of two percent of current premium; and termination of COBRA enrollees for failure to pay required premiums by the end of the coverage month.

Company Name: \_\_\_\_\_

Printed Name of Authorized Employer Representative: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

Return to Delta Dental of Kansas:  
email: [marketing@deltadentalks.com](mailto:marketing@deltadentalks.com) | mail: P.O. Box 789769 Wichita, KS 67278-9769 | fax: 316.462.3329

800.234.3375 | [DeltaDentalKS.com](http://DeltaDentalKS.com)