



## COBRA OR PREMIUM BILLING INFORMATION AUTHORIZATION FORM

### Instructions

1. You can use this form to authorize another individual access to information regarding your COBRA or premium billing account.
2. Submit the completed and signed Authorization Form to Lifetime Benefit Solutions in the way most convenient for you. Email the form directly to Customer\_service@lifetimebenefitsolutions.com or mail to 333 Butternut Drive, Syracuse, New York 13214
3. If you have any questions regarding this form, please call (800) 828-0078.

### Accountholder Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last 4-digits of Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Telephone Number

### Authorized Individual Information

I authorize Lifetime Benefit Solutions' to provide information regarding my COBRA or premium billing account to the individual named below. I understand and agree that:

- the individual named below will **not** be authorized to perform my account maintenance;
- this authorization pertains to information only; and
- I am the sole individual authorized to access and maintain my account.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number

### Signature

I certify that I am the COBRA or premium billing accountholder or an individual authorized to execute this authorization on behalf of the accountholder. I have read and understand the instructions and any rules or conditions relating to this authorization. I assume full responsibility for this authorization and will not hold Lifetime Benefit Solutions, inc. liable for any adverse consequences that may result. I can revoke this authorization at any time by writing to Lifetime Benefit Solutions, Inc. at the address listed above except this revocation would not affect any action taken by Lifetime Benefit Solutions, Inc. in reliance on this authorization before my written revocation is received.

\_\_\_\_\_  
Signature of COBRA or premium billing accountholder

\_\_\_\_\_  
Date

If this request is from a personal representative on behalf of the accountholder, complete the following:

Personal Representative's Name: \_\_\_\_\_

Personal Representative Signature: \_\_\_\_\_

Description of Authority: \_\_\_ Parent \_\_\_ Legal Guardian\* \_\_\_ Power of Attorney\* \_\_\_ Other \*

\* You must provide documentation supporting your legal authority to act on behalf of the accountholder.