

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ (Carrier Name)

RE ACCOUNT #:

Please accept this letter as authorization for The Advantage Group / COBRA-Advantage and it's representative(s) to act on the behalf of \_\_\_\_\_ regarding group plan information and enrollment / termination issues on the above referenced account(s).

Sincerely,

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name & Title)