



CLIENT NAME		CLIENT #	
CLIENT CONTACT		PHONE #	
PAYROLL TAX PERIOD ENDING (CIRCLE ONE)	03/2010 06/2010 09/2010 12/2010	NUMBER OF INDIVIDUALS ASSISTED	

1. Participants Name _____ COBRA Assistance Payment \$ _____
2. Participants Name _____ COBRA Assistance Payment \$ _____
3. Participants Name _____ COBRA Assistance Payment \$ _____
4. Participants Name _____ COBRA Assistance Payment \$ _____
5. Participants Name _____ COBRA Assistance Payment \$ _____
6. Participants Name _____ COBRA Assistance Payment \$ _____
7. Participants Name _____ COBRA Assistance Payment \$ _____
8. Participants Name _____ COBRA Assistance Payment \$ _____
9. Participants Name _____ COBRA Assistance Payment \$ _____
10. Participants Name _____ COBRA Assistance Payment \$ _____
11. Participants Name _____ COBRA Assistance Payment \$ _____
12. Participants Name _____ COBRA Assistance Payment \$ _____
13. Participants Name _____ COBRA Assistance Payment \$ _____
14. Participants Name _____ COBRA Assistance Payment \$ _____
15. Participants Name _____ COBRA Assistance Payment \$ _____

Total COBRA Premium Assistance Payments Paid on Their Behalf \$ _____.

I certify that the information contained above is accurate and I have made these payments on behalf of the participants listed.

Clients Signature _____ Date ____ / ____ / ____

Fax completed form to 440-542-7812

To be completed by CPI-HR

Entered by _____ Date _____