

Refund/Transfer of Payment Form

COBRA Refund/Transfer of Payment Process:

1. Read the instruction page in its entirety
2. Complete all sections of this form
3. Email, fax, or mail completed form to:

Email: COBRArequests@marshmma.com

Fax: 1-800-595-4642

Mail: Attn. COBRA & Billing
My Benefits Service Center
P.O. Box 350
Conshohocken, PA 19428

Part I Consumer Information (Please Print)			
Company	Qualified Beneficiary Name (First, M, Last)	Date of Birth (MM-DD-YYYY)	
Address		Member ID Number	
City	State	ZIP Code	
Email Address		Daytime Phone	
Part II Payment Information			
Refund of payments: <input type="checkbox"/>			
Transfer of payments: <input type="checkbox"/>			
Action Requested*			
Payment Date*	Payment/Check Number*	Payment Amount*	Amount to be refunded/transferred if partial
Payment Date	Payment/Check Number	Payment Amount	Amount to be refunded/transferred if partial
Payment Date	Payment/Check Number	Payment Amount	Amount to be refunded/transferred if partial
Payment Date	Payment/Check Number	Payment Amount	Amount to be refunded/transferred if partial
Total Amount to be transferred/refunded*			\$

Part III Recipient Account Information (Transfers Only)		
Consumer Name (First, M, Last)*	Date of Birth (MM/DD/YYYY)*	Member ID Number* (see note on page 2)
Address*		
City*	State*	ZIP Code*
Email Address		Daytime Phone

*Required Fields

Refund/Transfer of Payment Form Instruction/Signature Page

Refunds/Transfers	<p>If requesting a refund of unallocated payments from an active COBRA account: Please complete sections I and II of the above form. Please also sign and date the acknowledgement below. Return both pages of this form as instructed at the top of this form.</p> <p>Refunds will be issued by check to your address on file. Please allow up to 30-45 days for receipt of any refunded payments.</p> <p>If requesting a transfer of payment from one account to another: Please complete section I of the above form with the information from the account on which the payments are currently located.</p> <p>Please complete section II of the above form.</p> <p>Please complete section III of the above form with the information from the account to which payments will be transferred*.</p> <p>*If you are submitting this form along with a Qualified Life Event Form or Cancellation Form and the new account for your dependent(s) has not yet been generated, please leave the "member ID" field in section III blank.</p>
Notification	<p>All notifications of changes to your COBRA elections and premiums will be mailed to your address on file and viewable through your online account at cobra-link.com.</p> <p>If you have any questions regarding the status of your request, please contact your Benefits Service Center at 800-580-6854, 8:30 am - 5:30 pm EST, Monday-Friday to speak with an Employee Advocate.</p>

I certify that I am the proper party to request changes to this account and that all information provided by me is true and accurate. I acknowledge I have read and understand all instructions provided. My signature below serves as my authorization to refund or transfer any payments listed herein.

Signature	Date (MM/DD/YYYY)
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