

## COMPANY INFORMATION

Company Legal Name: Community Based Care of Brevard, Inc
DBA (if applicable): Family Partnership of Central Florida
Entity Type: Not for Profit 501 (C) 3
Corporate Entity FEIN: 02-0545137
Headquarters Address: 389 Commerce Parkway, Suite 120 Rockledge, FL 32955
Primary Contact Name: Christine Singletary
Primary Contact Phone: 321.752.4650
Primary Contact Email: christine.singletary@familypartnerships.org
Total Number of Employees on Payroll: 435
Total Full-Time: 416
Total Part-Time: 4
Payroll Frequency: Bi-Weekly
Additional FEIN's:
Description of Business Operations: Established in 2003 as a non-profit organization in response to the Legislative mandate to privatize foster care and related services in Florida Brevard Family Partnership and its community partners provide child abuse prevention, foster care and support, adoption, independent living and community outreach services to the children and families of Brevard County.
SIC Code: 8322,86
Reasons for Joining a PEO: Competitive Bid Against Existing PEO (Insperity)

## WORKERS' COMPENSATION QUESTIONS

WC Currently in Effect: Yes		
Current Carrier: Insperity		
Has WC been cancelled within the past 3 years? No		
Do any of the following apply to your company?		
Employees handle the hazardous materials	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Worksite has occupational disease hazards	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Worksite requires Longshoreman and Harbor Workers' Compensation Act or Jones Act Insurance	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Has drivers	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Has Department of Transportation regulated drivers	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Utilizes volunteers in the operation of the business	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Owns or leases aircraft, watercraft, or pilots	<input type="radio"/> Yes	<input checked="" type="radio"/> No

## CARRIER & COBRA QUESTIONNAIRE

Current Health Carrier: <b>United Healthcare</b>
Health Carrier Renewal Date: <b>July 1, 2026 (Would like to move to a 1/1 renewal)</b>
Is Your Current Health Plan w/ a PEO, Open Market or Self-Funded?: <b>PEO - Insperity</b>

A. Do you have any current participants in COBRA / State Continuation? Yes ☒ No ☐

If yes, please list current participants below.

NAME OF INDIVIDUAL	GENDER	DATE OF BIRTH	HOME ZIP CODE	ENROLLMENT TIER
Caitlin Christenseb	F	09/30/1992	55803	

B. Do you currently have individuals eligible for COBRA who have not yet elected coverage and/or any participants who will become eligible for COBRA prior to the Health Plan effective date? ☒ Yes ☐ No

NAME OF INDIVIDUAL	DATE ELIGIBLE	ACTIVATING EVENT / DATE
Janice Bispham	01/31/2026	Termination
Sandra Gonzalez	12/05/2025	Termination
Michael Potts	01/23/2026	Termination
Eric Paul	12/09/2025	Termination
Jenell Jack	01/17/2026	Termination



Authorized Signature

02/06/2026

Date