

## COBRA Client Information

### EMPLOYER INFORMATION

**Employer Name:** \_\_\_\_\_ **Employer E-mail:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_  
**Other Branch Names: (use separate form)** \_\_\_\_\_  
 Telephone: \_\_\_\_\_ **FAX:** \_\_\_\_\_  
 Primary POC: \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Phone Ext. or Direct Line: \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
 Secondary POC: \_\_\_\_\_ **Title:** \_\_\_\_\_  
 Phone Ext. or Direct Line: ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
**Eff Date of COBRA Administration:** / / **Number of Employees:** \_\_\_\_\_  
**Employee waiting period:** Days \_\_\_\_\_ Months \_\_\_\_\_

### BENEFIT PLAN INFORMATION (please provide the following information on ALL medical, dental, vision plans.)

**A. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
**Plan Type** Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ State Governing Plan: \_\_\_\_\_ **Is Plan Self Funded: Yes No**  
**Coverage Renewal Date** / / **Does Plan allow for conversion?** Y \_\_\_\_\_ N \_\_\_\_\_  
**When does employee coverage terminate after a COBRA qualifying event?** Event Date \_\_\_\_\_ End of Month \_\_\_\_\_  

	CURRENT PREMIUM	COBRA PREMIUM
Employee Only	_____ (+2% Admin Fee) =	\$ _____
EE + Spouse	_____ (+2% Admin Fee) =	\$ _____
EE + Child or Children (circle one)	_____ (+2% Admin Fee) =	\$ _____
EE + Family	_____ (+2% Admin Fee) =	\$ _____

**B. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
**Plan Type** Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ State Governing Plan: \_\_\_\_\_ **Is Plan Self Funded: Yes No**  
**Coverage Renewal Date** / / **Does Plan allow for conversion?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**When does employee coverage terminate after a COBRA qualifying event?** Event Date \_\_\_\_\_ End of Month \_\_\_\_\_  

	CURRENT PREMIUM	COBRA PREMIUM
Employee Only	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Spouse	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Child or Children (circle one)	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Family	\$ _____ (+2% Admin Fee) =	\$ _____

**C. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
**Plan Type** Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ State Governing Plan: \_\_\_\_\_ **Is Plan Self Funded: Yes No**  
**Coverage Renewal Date** / / **Does Plan allow for conversion?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**When does employee coverage terminate after a COBRA qualifying event?** Event Date \_\_\_\_\_ End of Month \_\_\_\_\_  

	CURRENT PREMIUM	COBRA PREMIUM
Employee Only	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Spouse	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Child or Children (circle one)	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Family	\$ _____ (+2% Admin Fee) =	\$ _____

**D. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
**Plan Type** Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_ State Governing Plan: \_\_\_\_\_ **Is Plan Self Funded: Yes No**  
**Coverage Renewal Date** / / **Does Plan allow for conversion?** Yes \_\_\_\_\_ No \_\_\_\_\_  
**When does employee coverage terminate after a COBRA qualifying event?** Event Date \_\_\_\_\_ End of Month \_\_\_\_\_  

	CURRENT PREMIUM	COBRA PREMIUM
Employee Only	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Spouse	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Child or Children (circle one)	\$ _____ (+2% Admin Fee) =	\$ _____
EE + Family	\$ _____ (+2% Admin Fee) =	\$ _____

**E. Health Care Flexible Spending Accounts Carrier:** \_\_\_\_\_ **Renewal Date:** / /

**F. EAP (Employee Assistance Program):::** \_\_\_\_\_ **Renewal Date:** / /

**Are any of the plans age rated?**

**Yes \* †**

**No**

\* Benefit Strategies will assess a surcharge of \$150 for age rated plans.

† If plan is age rated, a separate sheet must be attached with specific rate information as provided by the carrier.

**ADMINISTRATIVE PROCEDURES / FEES**

**COBRA ADMINISTRATION PROCEDURE**

1. Employer will complete a COBRA Notification Form for all employees currently on COBRA, and for all employees who terminate employment during the year.
2. Benefit Strategies will:
  - a. Prepare COBRA letter and HIPPA certificate and mail to terminated employee/beneficiary
  - b. A copy of the verification will be sent to Employer
3. If an employee requests COBRA continuation:
  - a. Benefit Strategies will send Acknowledgement Letter along with payment coupons and appropriate number of labels for remitting premiums
  - b. Benefit Strategies will reinstate with insurance carrier and let employer know.
  - c. COBRA participants will remit premium payments to Benefit Strategies, payable to Benefit Strategies, LLC
  - d. At the end of each month, Benefit Strategies will send Employer the following:
    - Premium payments minus the 2% administration fee.
    - Listing of premium payments received
    - Monthly billing for COBRA administrative services
  - e. If COBRA participant does not remit premium within 30day grace period, or upon request of Employer, Benefit Strategies will send COBRA participant a termination of insurance coverage letter and a HIPPA Certificate of Coverage. **Benefit Strategies will terminate coverage with insurance carriers.**
  - f. Benefit Strategies will notify COBRA participants of insurance premium and/or coverage changes annually upon insurance coverage renewal. *RENEWAL RATES MUST BE RECEIVED IN OUR OFFICE 15 DAYS PRIOR TO THE EFFECTIVE DATE. OLD RATES WILL BE COLLECTED UNTIL THE 1<sup>ST</sup> OF THE FOLLOWING MONTH.*

**COBRA ADMINISTRATION FEES**

Initial Set Up Fee:		BSLLC Effective Date:	
Annual Renewal Fee:		BSLLC Renewal Date:	
Current COBRA Participants:		Current COBRA Participant Take Over Fee:	
COBRA letters where Employer offers to pay any portion of COBRA Premium:			Per participant
Initial Notices:		Please complete a COBRA Notification Form for all participants.	
Ongoing Administration Fees:		Per new COBRA/HIPPA letter (18 month/29 or 36 months letter)	

**Benefit Strategies, LLC billing statement issued to:**

Employer   
  Broker   
  Other: \_\_\_\_\_

Address if other: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**For Administrative Use Only**

BSI SALES REPRESENTATIVE: \_\_\_\_\_ BROKER: \_\_\_\_\_

NOTES: \_\_\_\_\_