



# COBRA CLIENT INFORMATION

## 1.) 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 Address: \_\_\_\_\_  
 Secondary POC: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone Ext. or Direct Line: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Effective Date of COBRA Administration: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Number of Employees: \_\_\_\_\_

## 2.) BENEFIT PLAN INFORMATION (PLEASE PROVIDE THE FOLLOWING INFORMATION ON ALL MEDICAL, DENTAL, VISION PLANS.)

**A. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
 Plan Type: \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_  
 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    | \$ _____        | (+2% Admin Fee) = | \$ _____      |
| EE + Family   | \$ _____        | (+2% Admin Fee) = | \$ _____      |

**B. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
 Plan Type: \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_  
 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    | \$ _____        | (+2% Admin Fee) = | \$ _____      |
| EE + Family   | \$ _____        | (+2% Admin Fee) = | \$ _____      |

**C. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
 Plan Type: \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_  
 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    | \$ _____        | (+2% Admin Fee) = | \$ _____      |
| EE + Family   | \$ _____        | (+2% Admin Fee) = | \$ _____      |

**D. Insurance Company:** \_\_\_\_\_ **Plan Name:** \_\_\_\_\_  
 Plan Type: \_\_\_\_\_ Medical \_\_\_\_\_ Dental \_\_\_\_\_ Vision \_\_\_\_\_  
 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    | \$ _____        | (+2% Admin Fee) = | \$ _____      |
| EE + Family   | \$ _____        | (+2% Admin Fee) = | \$ _____      |

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

### 3.) 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 send Employer a copy of Acknowledgement Letter and EE's COBRA application (**it is the employer's responsibility to reinstate coverage with the insurance carriers.**)
  - 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 31day 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 (**Copy of letter will be faxed to employer so they may terminate coverage with the 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: \$ \_\_\_\_\_ Effective Date: \_\_\_\_\_

Annual Renewal Fee: \$ \_\_\_\_\_ Renewal Date: Jan 1<sup>st</sup> of each subsequent year

Current COBRA Participant Take Over Fee: \$50 per participant

COBRA letters where Employer offers to pay any portion of COBRA Premium: \$50 per participant

Number of current COBRA participants: \_\_\_\_\_ Please complete a COBRA Notification Form for all participants.

Ongoing Administration Fees: \$35 \$60 \_\_\_\_\_ Per new COBRA/HIPPA letter (18 month/29 or 36 months letter)

**AUTHORIZED SIGNATURE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

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

#### FOR ADMINISTRATIVE USE ONLY

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

NOTES: