

Providing Data on People on COBRA

As a new customer with isolved Benefit Services, the transition includes moving your COBRA participant(s) to the isolved Benefit Services system to allow for tracking of timeframes for notices and collection of COBRA premiums. We need to collect some data to begin this and have provided you with access to our online form, People on COBRA Form available within the COBRA Online Portal.

People on COBRA

Online Form Guide

To complete this form, please follow these steps:

- 1. Click on link in left menu: People on COBRA>Online Form.
- The first section of this form is for the employee information. We connect all of your data to the employee – including those events where the employee did not lose coverage (e.g. divorce, dependent ceasing to be a dependent).

Welcome Back Juli							Home	Infinisource	Logout
People On COBRA	Account: MAC PI	RODUCTS INDUSTRIES (CN	142240)	*					
Online Form	Online Form People on COBRA (POC)								
Data Centers									
Download Center									
Personal Setting	Employee has been successfully saved								
Personal Profile	Employee								
Technical Info	*First Name:		Employee #:		*Event Date 🚱 :	~	Before submitting this fo	orm, be sure that:	
Account Settings	Initial:		Hire Date:	~	*Event:	~		ds with asterisk (*) are en	itered.
Plans and Rates	*Last Name:		Insurance #:		*Language:	English 💌		d names are correct. all Beneficiaries and Plar	hs for this
Resources	*SSN:	Format: 123-45-6789	Employee Class:	✓ *Inf	inisource First Invoice Date:	~	employee.		
Demographic Upload	*DOB:	~	Payroll Frequency:	×	*Last Day of Coverage:	~			
COBRA Communications Guides and Documents									
Medicare Part D	QB #1 Ad	d another Qualified Benefici	ary Delete this Qualified	Beneficiary					
	Information Address								
	*First Name:		*DOB:		 *Address 	1:	*State:	AA - Military Address	~
	Initial:		*SSN:	Format: 123-45-6789	Address	2:	*Zip Code:	Format: 12345-6789	
	*Last Name:		Phone:	Format: 123-456-7890	*Cit	y:	*Country:	United States of Americ	a 💙
	*Relationship:	Employee	eMail:						
	Gender:		~						

3. The bottom section of this form allows you to add any/all participants currently on COBRA under this event. Click on "Add another Qualified Beneficiary" to include additional members on COBRA (e.g. spouse and/or dependents on COBRA). You can see all the COBRA participants on the tabs once you have the information for each entered.

ple on COBR	RA (POC)					
Next						
			ur own administration or a prior administrator) that Infiniso icipant names that are continuing coverage, e.g. employee,		ill track time frames and generate the required f	uture notices for thes
Jones until the co	sverage ends of the expiration date of their coverage. we	need you to include an partic	cipant names that are continuing coverage, e.g. employee,	spouse and dependent.		
oyee						
•First Name: SA	AMPLE	Employee #:		*Event Date @:	10/15/2018	
	AMPLE	Employee #: Hire Date:			10/15/2018 Termination of Employment	
First Name: SA			 ▼		Termination of Employment	
*First Name: SA Initial: *Last Name: EN		Hire Date:		*Event:	Termination of Employment English	

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SAMPLE	SPOUSE	DEPENDENT	Add another Qualified Benefici	ry Delete this Qualified Beneficiary		
Information —					/	
*First Name	SAMPLE			*DOB:	1/25/1960	
Initial	:			*SSN:	654-65-4654	
*Last Name	EMPLOYEE			Phone:	Format: 123-456-7890	
*Relationship	Employee		~	eMail:		
Gender	:		~			

- 4. Once the employee section and Qualified Beneficiary section has been completed, click on "Next" at the top of the form.
- 5. The following screen is where you will select the coverages and participants for the selected coverages. You will see all the coverages that you offer so you may match up with what the COBRA participants are continuing. Example, Employee may be the only one on dental, but the medical has the whole family. Select the plans/coverages and the participants for each.

People on COBRA (POC)						
🗟 Preview 🗧 Submit	🧭 Back					
		nts that you currently have on COBRA (through your own administration or a prior ad			es and generate the required future notices for these COBRA Continuees. Th	hese participar
reports until the coverage ends	s or the expiration date	of their coverage. We need you to include all participant names that are continuing of	overage, e.g. employee, spouse and	dependent.		
DELTADENTAL DELTA DENTA	AL		NC	BCBS BCBS 2000		
Option Code - Select One		Name - Add anyone not listed, select those to continue on coverage	Opt	tion Code - Select One	Name - Add anyone not listed, select those to continue on co	overage
O NONE	V	SAMPLE EMPLOYEE	۲	NONE	SAMPLE EMPLOYEE	
C EE + CHILD(REN)	\$76.93	SPOUSE EVENT	0	EE + CHILD(REN) \$9	924.53 SPOUSE EVENT	
C EE + FAMILY	\$124.87	DEPENDENT EVENT	0	EE + FAMILY \$1,5	532.75 DEPENDENT EVENT	
EE + SPOUSE	\$63.82		0	EE + SPOUSE \$1,0	020.37	
EE ONLY	\$31.59		0	EE ONLY \$5	525.95	
NCBCBS BCBS 2000 DP			NC	BCBS BCBS 4000		
Option Code - Select One		Name - Add anyone not listed, select those to continue on coverage	Op	tion Code - Select One	Name - Add anyone not listed, select those to continue on co	overage
NONE		SAMPLE EMPLOYEE	۲	NONE	SAMPLE EMPLOYEE	
O DP ES LESS EE	\$494.72	SPOUSE EVENT	0	EE + CHILD(REN) \$7	747.14 SPOUSE EVENT	
O DP FAM LESS EC	\$608.23	DEPENDENT EVENT	0	EE + FAMILY \$1,2	290.22 DEPENDENT EVENT	
			0	EE + SPOUSE \$8	824.61	
			0	EE ONLY \$4	450.93	
VSP VSP VISION						
Option Code - Select One		Name - Add anyone not listed, select those to continue on coverage				
○ NONE	v	SAMPLE EMPLOYEE				
EE + 1	\$13.13 🚽	SPOUSE EVENT				
EE + FAMILY	\$23.54	DEPENDENT EVENT				
C EE ONLY	\$9.07					

- 6. Once you have selected all the plan coverages for the participants, you can preview your data and save and/or print that for your records.
- 7. If you are data is correct, click on "Submit" and the data will submit to us and we will begin tracking notice timeframes and collecting premiums.

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