

## Premium Remittance Report

- Explanation:** This report should be compared to your monthly insurance billing statement (COBRA section). The report will be based upon payments deposited by isolved Benefit Services during the preceding calendar month.
- Timing:** Monthly, at the beginning of each month for prior month remittance
- Delivery:** Report via Download Center; Check via ACH



## Premium Remittance Report

For Premiums Deposited: 12/1/2020 to 12/31/2020  
 Account: ABC SAMPLE [010TEST]  
 Produced: January, 04 2021

Fax:

HANNAH SAMPLE  
 ABC SAMPLE  
 15 E WASHINGTON  
 BILLINGS MT 59104

### Report Explanation

This report verifies the amount collected by isolved Benefit Services on behalf of the account identified in the report. The report indicates the participant(s) and plan(s) for which they have paid. Your remittance, minus any agreed fees payable to isolved Benefit Services will be remitted by the 15th business day of the following month.

From time to time, isolved Benefit Services may need to deduct fees from the remittance, thus saving you the time (and cost) of generating a check back to us. Items that you may see automatically deducted are:

- Refund Adjustment
- Voucher Premium Invoice Adjustment
- Takeover Adjustment
- NSF Adjustment

Should isolved Benefit Services deduct fees from your remittance, please refer to the additional report documentation provided at the time of the deduction.

If 'Carrier Not Known' appears on your report, please contact isolved Benefit Services to confirm information on your current plan participants.

Please audit this report carefully and contact a Customer Response Specialist at: 800-300-3838 regarding any concerns or questions.

Remit to Client Total:	Amount Paid	\$1,398.90	Amount Remitted	\$1,371.48
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The cover page will list the date range for the report and the date on which we produced the report.

**The report will contain payments deposited by Infinisource during the report period.**

*Amount Paid* is the total collected by Infinisource from your COBRA participants.

*Amount Remitted* is the amount sent to you, after Infinisource reduces the 2% COBRA administrative upcharge.

**EYEMED [E034]**

**EYEMED VIS [EMP]**

RICCI FINNOBIA [XXX-XX-7221]	01/01/2012 to 01/31/2012	\$5.55	\$5.55	\$5.55	\$5.44
ARLENE GOMEZ [XXX-XX-1212]	12/01/2011 to 12/31/2011	\$5.55	\$5.55	\$5.55	\$5.44
<i>Subtotal for plan: EYEMED VIS [EMP]</i>				<b>\$11.10</b>	<b>\$10.88</b>

**EYEMED VIS [EMP+1]**

ANDJELIJA HALIGERAN [XXX-XX-7971]	01/01/2012 to 01/31/2012	\$10.57	\$10.57	\$10.57	\$10.36
<i>Subtotal for plan: EYEMED VIS [EMP+1]</i>				<b>\$10.57</b>	<b>\$10.36</b>

**EYEMED VIS [EMP+2]**

ALEJANDRA BUSONI [XXX-XX-4393]	01/01/2012 to 01/31/2012	\$15.50	\$0.00	\$15.50	\$15.50
<i>Subtotal for plan: EYEMED VIS [EMP+2]</i>				<b>\$15.50</b>	<b>\$15.50</b>

**EYEMED VIS [FAMILY]**

MONTRAIL ERATH [XXX-XX-9233]	11/01/2011 to 11/30/2011	\$15.50	\$15.20	\$15.20	\$14.90
MONTRAIL ERATH [XXX-XX-9233]	12/01/2011 to 12/31/2011	\$15.50	\$15.20	\$15.20	\$14.90
<i>Subtotal for plan: EYEMED VIS [FAMILY]</i>				<b>\$30.40</b>	<b>\$29.80</b>

*Subtotal for carrier: EYEMED [E034]* **\$67.57** **\$66.54**

**KAISER [K001]**

**KAISER HMO GA [EMP+SP]**

ANDJELIJA HALIGERAN [XXX-XX-7971]	01/01/2012 to 01/31/2012	\$713.82	\$713.82	\$713.82	\$699.82
<i>Subtotal for plan: KAISER HMO GA [EMP+SP]</i>				<b>\$713.82</b>	<b>\$699.82</b>

*Subtotal for carrier: KAISER [K001]* **\$713.82** **\$699.82**

**Grand totals:** **\$4,225.17** **\$4,168.76**

COBRA Participants and corresponding payments are grouped by Carrier, Plan and Option (or coverage tier).

Each group has a subtotal.

Each carrier has a subtotal.

For each payment:

**Premium:** This is the full COBRA premium (102% or 150% of the applicable premium).

**Original Amt Due:** This is the amount due from the participant.

**Amount Paid:** This is the amount applied by Infinisource to the coverage period, paid by the participant. Partial payments will be denoted with an asterisk (\*). The balance may have been remitted in a prior period or will be remitted in a future period.

**Amount Remitted:** This is the amount sent to the employer or carrier, after Infinisource has reduced the 2% (based on the full COBRA premium).

isolved Benefit Services has COBRA experts to help you understand your COBRA administration reports.

You can call **866-320-3040** or via email at [crmail@isolvdhcm.com](mailto:crmail@isolvdhcm.com)

**Monday through Thursday 8 a.m. to 8 p.m. (ET) and Friday 8 a.m. to 6 p.m. (ET).**