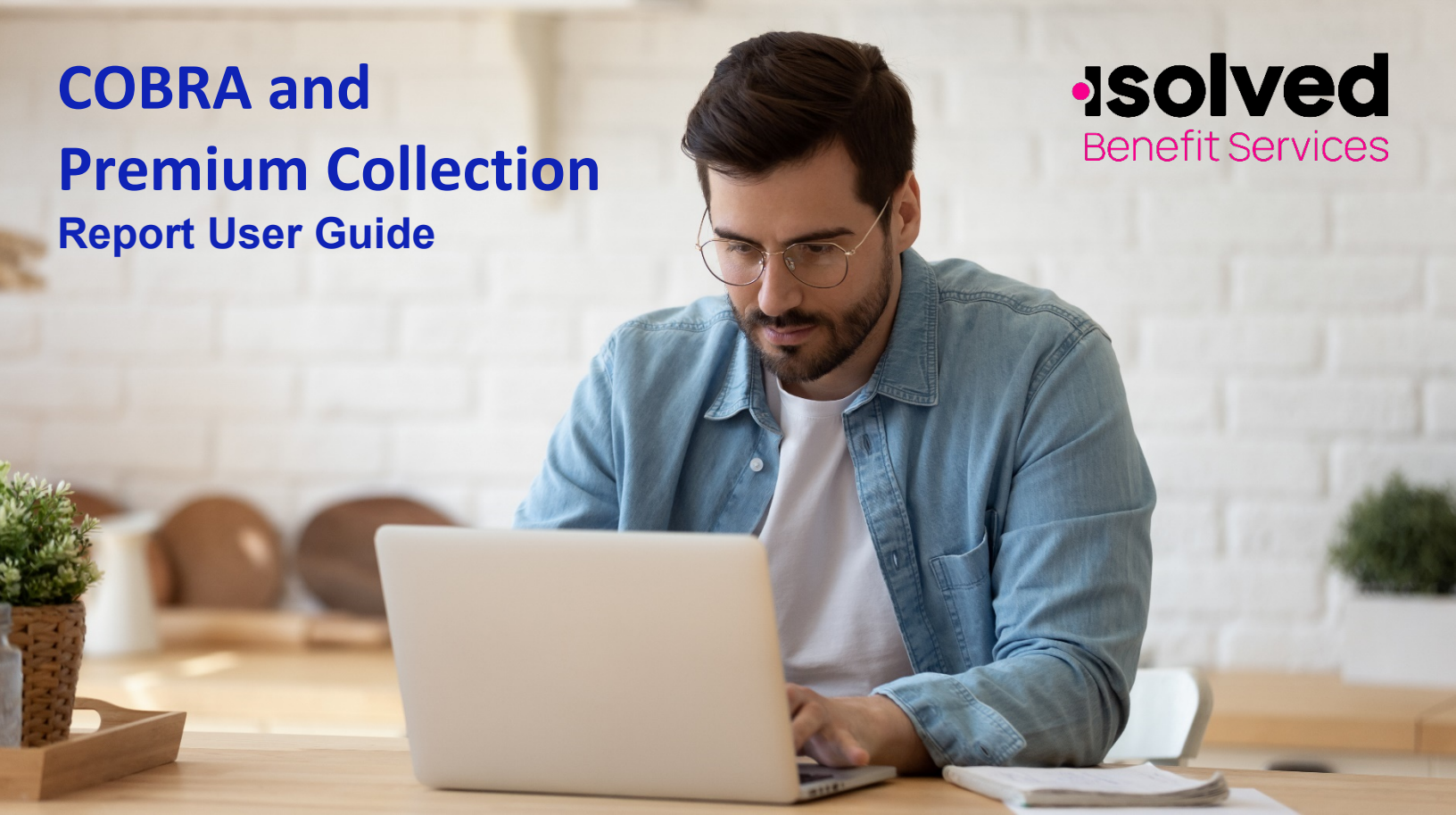


COBRA and Premium Collection Report User Guide



isolated Benefit Services COBRA and Premium Collection services feature a suite of periodic reports designed to assist employers who comply with COBRA. This guide is designed to assist you in using the reports to achieve and maintain compliance with COBRA.

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COBRA and Premium Collection Report User Guide

Daily Status Change Report

Explanation: The isolated Benefit Services COBRA Administration System ages COBRA Participant records nightly. After any change in COBRA status, this report will be generated on the following business day. **This report reflects changes in COBRA coverage that require immediate action.**

Timing: As often as daily, as changes occur

Delivery: Secure Download Center



Employer Daily Status Report

For Activity Occurring: 1/1/2021 to 1/1/2021
Account: ABC Test Company [010TEST]
Produced: January 4, 2021

SAMPLE CONTACT
ABC TEST COMPANY
15 MAIN STREET
COLDWATER, MI 49036

Fax:

Report Explanation

Immediate Attention Required:

This report alerts you of the People On COBRA, people who have elected, and people who have made their initial payment processed on your behalf by isolated Benefit Services. It will reflect people need to be reinstated to the plan, people who have changed coverage types or status, as well as all Continues who have terminated due to non-payment (their grace periods have expired).

When you receive this report it is your responsibility to alert the appropriate individuals, department, client or carrier of all changes noted.

This is considered a written request to provide COBRA coverage to those listed on this report. According to the Technical and Miscellaneous Revenue Act of 1988 (TAMRA), carriers and their pa can be enjoined as liable parties if they cover active employees and receive a written request for COBRA coverage and fail to provide that coverage.

If you have any questions regarding this report, please contact your Customer Response Specialist immediately at 866-320-3040.

Definitions:

New Continues - People who have made their initial coverage payment within the date range of this report.
Removals - People who lost coverage due to changing plans, non-payment, removal, or COBRA expiration during the date range of this report.
Reinstatements - People who lost coverage but have been reinstated into plans during the date range of this report.
Plan Changes - People who have changed plans during the date range of this report.
Take overs - People who have been reported as being Active on COBRA prior to isolated Benefit Services becoming COBRA Admin.
Extension - People who have met criteria to receive an extension of COBRA time frames.
Invalid Payments - People who we reported as having made their initial coverage payment, but that payment has since become invalid due to NSF, refund request or other circumstances. These individuals need to be removed from coverage until (or if) they have made another valid payment.

The cover page will list the date(s) on which Infnisource aged the activity shown within the report.

Definitions will help you understand the change(s) that should be made to the coverage.

COBRA and Premium Collection Report User Guide

Employer Daily Status Report
 For Activity Occurring: 10/07/2020 to 10/07/2020
 Account: ABC SAMPLE COMPANY



There will be a separate section for each carrier.

New Continueses are new COBRA Participants who have made a valid election and payment for at least one coverage period. **Coverage needs to be reinstated.**

Carrier: AETNA **Group No:**

Definitions:

- New Continueses** - People who have made their initial coverage payment within the date range of this report.
- Removals** - People who lost coverage due to changing plans, non-payment, removal, or COBRA expiration during the date range of this report.
- Reinstatements** - People who lost coverage but have been reinstated into plans during the date range of this report.
- Plan Changes** - People who have changed plans during the date range of this report.
- Take overs** - People who have been reported as being Active on COBRA prior to Infnisource becoming COBRA Admin.
- Extension** - People who have met criteria to receive an extension of COBRA time frames.
- Invalid Payments** - People who we reported as having made their initial coverage payment, but that payment has since become invalid due to NBF, refund request or other circumstances. These individuals need to be removed from coverage until (or if) they have made another valid payment.

Infnisource reports New Continueses only at the time of the initial payment. This report represents a request to reinstate the COBRA participant(s) listed below and to keep coverage active until such time that Infnisource reports the participant(s) as a 'Removal'. If you require updated paid through dates, please contact Infnisource to request the Participant Status Report, which will provide updated paid through dates on a monthly basis.

New Continueses

EMPLOYEE, JANE SSN: XXX-XX-5555 DOB:11/11/1955
EMPLOYEE, JANE
 SSN: XXX-XX-5555 DOB: 11/11/1955 Relationship: Employee Type: Beneficiary Event: Employee's Reduction of Hours
 10 MICHIGAN AVE
 JUPITER FL 33477 USA
 [AETNA][MEDICAL PPO][EE ONLY] Event Date: 5/27/2020 Initial Payment: 10/7/2020
 Loss of Coverage: 5/27/2020 Paid Thru: 11/30/2020
 Elected: 8/3/2020 Expires: 11/27/2021

[AETNA][MEDICAL PPO][EE ONLY] Event Date: 5/27/2020 Initial Payment: 10/7/2020
 Loss of Coverage: 5/27/2020 Paid Thru: 11/30/2020
 Elected: 5/27/2020 Expires: 11/27/2021

New Continueses

EMPLOYEE, JANE SSN: XXX-XX-5555 DOB:11/11/1955
EMPLOYEE, JANE
 SSN: XXX-XX-5555 DOB: 11/11/1955 Relationship: Employee Type: Beneficiary Event: Employee's Reduction of Hours
 10 MICHIGAN AVE
 JUPITER FL 33477 USA
 [AETNA][MEDICAL PPO][EE ONLY] Event Date: 5/27/2020 Initial Payment: 10/7/2020
 Loss of Coverage: 5/27/2020 Paid Thru: 11/30/2020
 Elected: 8/3/2020 Expires: 11/27/2021

[AETNA][MEDICAL PPO][EE ONLY] Event Date: 5/27/2020 Initial Payment: 10/7/2020
 Loss of Coverage: 5/27/2020 Paid Thru: 11/30/2020
 Elected: 5/27/2020 Expires: 11/27/2021

- Event Date:** The 18-, 29- or 36-month COBRA period is measured from this date.
- Loss of Coverage:** This was the last day of coverage as an active participant. COBRA coverage begins on the day after the Loss of Coverage.
- Elected:** This is the date on which the election was postmarked.
- Initial Payment:** This is the date on which the initial payment was postmarked.
- Paid Thru:** This is the participant's current paid-through date.
- Expires:** This is the end of the maximum COBRA coverage period.

COBRA and Premium Collection Report User Guide

Removals

JONES, WILLIAM SSN: XXX-XX-2369 Employee #:124 DOB:12/5/1970

JONES, WILLIAM

SSN: XXX-XX-2369 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Employee's Layoff

5854 THERE ST
COLDWATER MI 49036 USA

[GUARDIAN][VISION][SINGLE]

Reason: Non Payment
Event Date: 10/18/2019
Loss of Coverage: 10/31/2019
Take Over: 12/1/2019

Initial Payment: 12/19/2019
Paid Thru: 12/31/2019
Payment Due: 1/1/2020

Removals are individuals whose COBRA has ended; coverage needs to be terminated, usually retroactively.

Reason:	The reason for termination of COBRA is listed here.
Event Date:	The 18-, 29- or 36-month COBRA period is measured from this date.
Loss of Coverage:	This was the last day of coverage as an active participant. COBRA coverage begins on the day after the Loss of Coverage.
Take Over:	If applicable, the date on which Infnisource took over the participant (typically for new clients).
Initial Payment:	This is the date on which the initial payment was postmarked.
Paid Thru:	This is the participant's paid-through date and the date on which COBRA coverage ended.
Payment Due:	For Nonpayment, this is the due date of the missed payment.

Other Categories

Less frequently, the Daily Status Change Report may also include:

- Reinstatements:** These are individuals previously reported as Removals. Based on more current information, COBRA coverage must be reinstated and continued.
- Plan Changes:** When participants select new plans or coverage levels, these changes will be reported to you.
- Take Overs:** These are typically COBRA participants taken over by isolated Benefit Services for new clients.
- Extensions:** When the 18-month coverage period is extended to 29 or 36 months, the new maximum coverage period will be reported to you.

COBRA and Premium Collection Report User Guide

Participant Status Report

Explanation: The Participant Status Report provides a list of current COBRA participants, as well as a recap of status changes that occurred during the report period. **This report should be compared to your monthly insurance billing statement (COBRA section).**

Timing: Monthly (optional semimonthly available)

Delivery: Secure Download Center



Employer Participant Status Report

For Activity Occurring: 12/01/2020 to 12/31/2020
Account: ABC Test Company [010TEST]
Produced: January 13, 2021

SAMPLE CONTACT
ABC TEST COMPANY
15 EAST WASHINGTON ST
COLDWATER MI 49036

Fax:

Report Explanation

Immediate Attention Required:

This report documents the status of COBRA Possible Electees, Electees, Continuees, and Removals as of 01/13/2021. Daily Status Reports sent after this report date may instruct you to make changes concerning the Qualified Beneficiaries (QB) listed in this report.

Paid-through dates for COBRA Continuees are as of the date of this report. Checks returned by the banking entity, refunds and reallocations of monies could alter these paid-through dates. Paid-through dates should always be confirmed using the Premium Remittance Report sent to you monthly.

Please review this report and any Daily Status Change Reports sent to you thereafter. These can be used to audit your insurance billing statements.

If you have any questions regarding this report, please contact your Customer Response Specialist immediately at 866-320-3040.

The cover page will list the date range for the report and the date on which we produced the report.

Definitions:

Possible Electees - People who at the time of this report can still elect coverage, but have not yet elected.
Electees - People who have elected, but not yet paid.
Continuees - People who are currently on COBRA in good standing.
Removals - People who lost coverage due non-payment, removal, or COBRA expiration during the date range of this report.

Definitions will help you understand the categories within the report.

Carrier: BCBS

Group No: 00002

There will be a separate section for each carrier.

Definitions:

Possible Electees - People who at the time of this report can still elect coverage, but have not yet elected.
Electees - People who have elected, but not yet paid.
Continuees - People who are currently on COBRA in good standing.
Removals - People who lost coverage due non-payment, removal, or COBRA expiration during the date range of this report.

Possible Electees

MILLER, LISA SSN: XXX-XX-6789 Employee #:123 DOB:12/5/1970
MILLER, LISA

SSN: XXX-XX-6789 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Termination of Employment

15 E WASHINGTON ST
COLDWATER MI 49036 USA

[BCBS][DENTAL][FAMILY]

Event Date: 10/29/2020
Loss of Coverage: 10/29/2020
Last Date to Elect: 2/5/2021

Possible Electees are individuals who still have time to elect COBRA coverage.

COBRA and Premium Collection Report User Guide

Possible Electees

MILLER, LISA SSN: XXX-XX-6789 Employee #:123 DOB:12/5/1970

MILLER, LISA

SSN: XXX-XX-6789 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Termination of Employment

15 E WASHINGTON ST

COLDWATER MI 49036 USA

[BCBS][MEDICAL PLAN A][FAMILY]

Event Date: 10/29/2020
Loss of Coverage: 10/29/2020
Last Date to Elect: 2/5/2021

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.

Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage would begin on the day after the Loss of Coverage.

Last Date to Elect: This is the last date on which a valid election can be made.

Carrier: BCBS of Texas

B500

Definitions:

Possible Electees - People who at the time of this report can still elect coverage, but have not yet elected.
Electees - People who have elected, but not yet paid.
Continuees - People who are currently on COBRA in good standing.
Removals - People who lost coverage due non-payment, removal, or COBRA expiration during the date range of this report.

Electees

SMITH, SHARON SSN: XXX-XX-5678 DOB: XX/XX/19XX

SMITH, SHARON

SSN: XXX-XX-5678 DOB: XX/XX/19XX Relationship: Employee Type: Beneficiary Event: Involuntary Termination of Employment

15 MICHIGAN AVE

COLDWATER MI 49036 USA

[BCBS TEXAS][PPO RS14][EE]

Event Date: 3/1/2012
Loss of Coverage: 3/31/2012
Elected: 3/5/2012
Must pay by: 5/1/2012

Electees are individuals who have made a valid election of COBRA coverage without a payment.

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.

Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage would begin on the day after the Loss of Coverage.

Elected: This is the date on which the election was postmarked.

Must pay by: This is the last date on which a valid payment can be made.

COBRA and Premium Collection Report User Guide

Continuees

COBRA, SAMPLE T SSN: XXX-XX-0000 DOB:1/1/1980

COBRA, SAMPLE T

SSN: XXX-XX-0000 DOB: 1/1/1980 Relationship: Employee Type: Beneficiary Event: Employee's Reduction of Hours

1001 N. SMITH STREET
JUPITER 33477 HK
[AETNA][MEDICAL PPO][EE+FAMILY]

Event Date: 1/1/2020
Loss of Coverage: 1/24/2020
Elected: 1/24/2020

Initial Payment: 5/4/2020
Paid Thru: 4/30/2020
Expires: 7/1/2021

COBRA, SPOUSE

SSN: XXX-XX-0000 DOB: 1/24/2020 Relationship: Spouse Type: Beneficiary Event: Employee's Reduction of Hours

1001 N. SMITH STREET
JUPITER 33477 HK
[AETNA][MEDICAL PPO][EE+FAMILY]

Event Date: 1/1/2020
Loss of Coverage: 1/24/2020
Elected: 1/24/2020

Initial Payment: 5/4/2020
Paid Thru: 4/30/2020
Expires: 7/1/2021

Continuees are current COBRA Participants. **Audit this section of the report against your monthly insurance billing statement with your Premium Remittance Report.**

Continuees

CANON, MICHELLE SSN: XXX-XX-3333 DOB:2/6/1972

CANON, MICHELLE

SSN: XXX-XX-3333 DOB: 2/6/1972 Relationship: Employee Type: Beneficiary Event: Termination of Employment

15854 HERE
BRONSON MI 49092 USA
[BCBS][MEDICAL PLAN A][SINGLE]

Event Date: 1/16/2020
Loss of Coverage: 2/29/2020
Elected: 2/10/2020

Initial Payment: 11/18/2020
Paid Thru: 12/31/2020
Expires: 7/31/2021

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.

Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage begins on the day after the Loss of Coverage.

Elected: This is the date on which the election was postmarked.

Initial Payment: This is the date on which the initial payment was postmarked.

Paid Thru: This is the participant's current paid-through date. **Check this date each month.**

Expires: This is the end of the maximum COBRA coverage period.

Removals

JONES, WILLIAM SSN: XXX-XX-4444 Employee #:124 DOB:12/5/1970

JONES, WILLIAM

SSN: XXX-XX-4444 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Termination of Employment

5854 THERE ST
COLDWATER MI 49036 USA
[GUARDIAN][VISION][SINGLE]

Reason: Non Payment
Event Date: 10/18/2019
Loss of Coverage: 10/31/2019
Take Over: 12/1/2019
Removal Effective: 11/30/2020

Initial Payment: 2/27/2020
Paid Thru: 11/30/2020
Payment Due: 10/1/2020

Removals are individuals whose COBRA has ended, usually retroactively.

Reason: The reason for termination of COBRA is listed here.

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.

Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage began on the day after the Loss of Coverage.

Elected: This is the date on which the election was postmarked.

Initial Payment: This is the date on which the initial payment was postmarked.

Paid Thru: **This is the participant's paid-through date and the date on which COBRA coverage ended.**

Payment Due: For nonpayment, this is the due date of the missed payment.

COBRA and Premium Collection Report User Guide

Other Categories

The following categories of changes will be reflected on the Participants Status Report:

- Reinstatements:** Reinstated COBRA Participants will show under Continues.
- Plan Changes:** Participants who made coverage changes will be shown under Continues with the coverage in place as of the date of the report.
- Take Overs:** Take overs will show as Continues.
- Extensions:** Participants whose coverage has been extended will show as *Continues* with a new *Expires* date.

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.

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.

Remit to Client Total:	Amount Paid	\$1,398.90	Amount Remitted	\$1,371.48
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COBRA and Premium Collection Report User Guide

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>				\$11.10	\$10.88

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>				\$10.57	\$10.36

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>				\$15.50	\$15.50

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>				\$30.40	\$29.80

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>				\$713.82	\$699.82

Subtotal for carrier: KAISER [K001]

\$713.82 \$699.82

Grand totals:	\$4,225.17	\$4,168.76
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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).

COBRA and Premium Collection Report User Guide

Plans and Rate Confirmation

Explanation: This report will provide you to any change or addition of a plan, coverage or option that was either processed by you on the portal or by our staff internally. It will only show the corrected or newly updated or added plans, coverage or option.

Timing: As often as daily, as changes occur

Delivery: Secure Download Center



Plans And Rate Confirmation

Account: ABC SAMPLE COMPANY (1A0000)

Report Explanation

You are receiving this report due to a change or addition of a plan, coverage or option. This report is automatically provided to you after an update and will **only show the corrected or newly added plan, coverage or option**. The change could be as simple as an update to a plan for reporting purposes.

Disclaimer: Please confirm that the information below is accurate for your plan year and event notices and invoicing. If any of this information is incorrect, please contact your broker.

Plans Added:

Options:

PHCS PHCS 1000

This plan's COBRA Expiration dates are currently being calculated using the following method: Event Date

	<u>Start Date:</u>	<u>End Date:</u>	<u>Premium:</u> (w/o admin fee)	<u>Premium:</u> (w/ admin fee)	<u>Due Day:</u>	<u>Grace Days:</u>
EE ONLY	3/1/2020	2/28/2021	\$702.90	\$716.96	1	30
EE+CHILD(REN)	3/1/2020	2/28/2021	\$1,356.56	\$1,383.69	1	30
EE+SPOUSE	3/1/2020	2/28/2021	\$1,422.64	\$1,451.09	1	30
FAMILY	3/1/2020	2/28/2021	\$2,174.79	\$2,218.29	1	30

Definition:
Plans Added

Plan Year

Plan Name

Options

Plan Premiums without admin. fee

Plan Premiums with admin. fee


COBRA and Premium Collection Report User Guide

COBRA Notices Mailed Report

Explanation: The COBRA Notices Mailed Report provides a listing of COBRA Notices mailed within the report period.

Timing: Monthly

Delivery: Report via Download Center



COBRA Notices Mailed

for Notices Mailed: 12/1/2020 - 12/31/2020
Account: ABC Sample (C1000000)

The header will provide the report period.

Report Explanation

This monthly report provides you with the name(s) of individuals whom isolated Benefit Services has sent a COBRA notice. Activity reports are provided to ensure that all activity reported to isolated Benefit Services has been received and processed on your behalf for the time frames stated on the report. Please audit this information carefully.

- **General Notice of COBRA Rights** - must be sent to the employee, spouse and/or dependents (if any), at the time of commencement of coverage under your group health plan.
- **Qualifying Event Notice** - needs to be sent when a Qualifying Event occurs and causes the employee, spouse and/or dependents to lose coverage.
- **COBRA Extension Notice** - If a Continuee is on COBRA coverage due to a termination or reduction of hours, the original 18 months of COBRA coverage can be extended if a Secondary Event occurs (death, divorce or legal separation, the employee's Medicare entitlement or a dependent child ceasing to be a dependent child), or if an individual is deemed disabled by the Social Security Administration. This notice is recommended by the Department of Labor.
- **Notice of the Right to Convert (Conversion Notice)** - must be sent to Continuees within their last 180 days of COBRA coverage if your health plans have a conversion option.
- **COBRA Expiration Notice** - provided as a courtesy to inform COBRA Continuees that COBRA coverage will soon expire.
- **Termination Notice** - needs to be sent when continuation coverage has been terminated before the end of the maximum coverage period.
- **Notice of Unavailability** - needs to be sent when a request for continuation coverage or an extension of continuation coverage is made and that coverage is not available.

The Report Explanation provides a description of each COBRA Notice type.

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

This report should be audited against your personnel and benefit records to ensure all new plan enrollees and all participants who lost coverage have been properly notified.

General Notices

Total General Notices Mailed: 0

Notice Sent To:	Employee #:	Insurance Effective:	Received By isolated Benefit Services:	Notice Mailed On:
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Qualifying Event Notices

Total Qualifying Event Notices Mailed: 2

Beneficiary:	SMITH, JOHN (Employee)	Employee #:
Notice Mailed To:	15 There ORLAND HILLS, IL 60487	
Event Date:	12/8/2020	
Event Code:	Termination of Employment	
Received:	12/22/2020	Notice Due By: 1/4/2021
Offered Coverages:		Notice Mailed: 12/28/2020
		Loss of Coverage: Last Date To Elect:
BCBS MED PPO EE ONLY		12/8/2020 4/12/2021
METLIFE VISION EE ONLY		12/8/2020 4/12/2021
METLIFE DENTAL EE ONLY		12/8/2020 4/12/2021

COBRA and Premium Collection Report User Guide

General Notices

Total General Notices Mailed: 4

Notice Sent To:	Insurance Effective:	Received By Infinisource:	Notice Mailed On:
CLARK, HARRY (Employee) 12769 FOX RUN ANGUILLA, CA 72435	1/1/2012	1/6/2012	1/10/2012
CRYSACK, CHEYANNE (Employee) 129612 ROSENGARTEN DR HORN LAKE, MO 24411	1/1/2012	1/10/2012	1/12/2012

COBRA General Notices must be sent to new plan enrollees within 90 days of commencement of coverage. For each notice listed, the report includes:

Recipient:	Including name, relationship to the covered employee and address.
Insurance Effective:	Optional.
Received:	The date on which Infinisource received the data.
Notice Mailed On:	The date on which the notice was mailed.

services.

Qualifying Event Notices

Total Qualifying Event Notices Mailed: 2

Beneficiary:	SMITH, JOHN (Employee)	Employee #:	
Notice Mailed To:	15 There ORLAND HILLS, IL 60487		
Event Date:	12/8/2020		
Event Code:	Termination of Employment		
Received:	12/22/2020	Notice Due By:	1/4/2021
		Notice Mailed:	12/28/2020
Offered Coverages:		Loss of Coverage:	Last Date To Elect:
BCBS MED PPO EE ONLY		12/8/2020	4/12/2021
METLIFE VISION EE ONLY		12/8/2020	4/12/2021
METLIFE DENTAL EE ONLY		12/8/2020	4/12/2021

COBRA Election (Qualifying Event) Notices must be sent to individuals who lose coverage due to a qualifying event within 44 days of the event. For each notice listed, the report includes:

Beneficiary:	Name and relationship to the covered employee.
Notice Mailed To:	The address to which the notice was sent (with proof of mailing).
Event Date:	The date of the qualifying event; the 18-, 29- or 36-month COBRA period is measured from this date.
Event Code:	The specific qualifying event that occurred (table of events provided below).
Received:	The date on which Infinisource received the data.
Notice Due By:	Infinisource will mail notices within 14 days of receipt.
Notice Mailed:	The date on which the notice was mailed.
Offered Coverages:	A list of the benefits offered under COBRA.
Loss of Coverage:	This was the last day of coverage as an active participant. COBRA coverage begins on the day after the Loss of Coverage.
Last Date to Elect:	This is the last date on which a valid election can be made.

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Qualifying Event	# of Months
Death of the Covered Employee	36
Divorce or Legal Separation	36
Medicare Entitlement	36
Dependent Ceasing to be Dependent	36
Reduction of Hours	18
Termination of Employment	18
Involuntary Termination of Employment	18
Layoff	18

Other Categories

The following categories of notices may also appear on the Monthly Notices Mailed Report:

- Termination Notices:** Individuals whose COBRA coverage has been terminated prior to the maximum coverage period.
- Unavailability Notices:** Sent to individuals who requested COBRA coverage or an extension of COBRA coverage, and COBRA coverage is not available.
- Conversion Notices:** Sent to COBRA participants approximately 120 days prior to COBRA expiration date, to inform them of the opportunity to seek an individual conversion policy from the carrier.
- Extension Notices:** Sent to COBRA participants whose maximum coverage period has been extended to 29 or 36 months.
- Expiration Notices:** Sent to COBRA participants approximately 60 days prior to COBRA expiration date to forewarn them of the imminent expiration of COBRA coverage.

Subsidy Premium Statement

Explanation: There are situations when you subsidize a full or partial COBRA premium on behalf of a qualified beneficiary or receive COBRA premiums directly from a qualified beneficiary. Those situations may include a severance agreement or other agreed upon situations between the employer and qualified beneficiary. As outlined in your service agreement with isolated Benefit Services relating to premium collections, the two (2) percent COBRA administrative fee is payable to isolated Benefit Services for all COBRA premiums following your effective date whether they are received by isolated Benefit Services.

This report (invoice) will show the two (2) percent fee owed to isolated Benefit Services for premiums and/or subsidies accepted by your company. Generally, these amounts are very minor.

- Timing:** Monthly. This monthly invoice is for the previous calendar month's activity, if applicable.
- Delivery:** Secure Download Center

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Subsidy Premium Statement
for Subsidies entered 12/15/2020 - 12/15/2020
Account: ABC TEST COMPANY (010TEST)

The premium amount the company accepted by an individual and a grand total.

Report Explanation

We are reaching out to you to verify recent COBRA account activity resulting from a Premium Authorization Credit (PCA). This notice serves as a confirmation that the activity you requested is correct. Please review within the next three (3) business days and notify us immediately of any errors or discrepancies or if you have other questions related to the PCA. Failure to notify isolved Benefit Services within the allotted time will result in confirmation of the PCA accuracy. isolved Benefit Services accepts no responsibility for discrepancies or errors of which you knew or should have known with reasonable diligence and of which you failed to notify isolved Benefit Services.

Name(s) of the individual(s) on the plan.

Entered:	Amount:	Period:	Employee #:	Plan:	Allocated:	Amt Due:
Entered: 12/15/2020	Amount: \$1,783.11		Employee #:	A001609	Allocations:	
JOHN JONES (XXX-XX-1111)		01/01/2021 - 01/31/2021		NCBCBS BCBS 2000PPO EE + FAMILY	\$1,783.11	\$34.98
Entered: 12/15/2020	Amount: \$124.87		Employee #:	A001609	Allocations:	
JOHN JONES(XXX-XX-1111)		01/01/2021 - 01/31/2021		DELTADENTAL DELTA DENTAL EE + FAMILY	\$124.87	\$2.45
Entered: 12/15/2020	Amount: \$1,588.67		Employee #:	A000626	Allocations:	
TOM SMITH (XXX-XX-2222)		01/01/2021 - 01/31/2021		NCBCBS BCBS 2000 EE + FAMILY	\$1,588.67	\$31.15
Entered: 12/15/2020	Amount: \$124.87		Employee #:	A000626	Allocations:	
TOM SMITH (XXX-XX-2222)		01/01/2021 - 01/31/2021		DELTADENTAL DELTA DENTAL EE + FAMILY	\$124.87	\$2.45
Entered: 12/15/2020	Amount: \$26.38		Employee #:	A000626	Allocations:	
TOM SMITH (XXX-XX-2222)		01/01/2021 - 01/31/2021		VSP VSP VISION EE + FAMILY	\$26.38	\$0.52
				B000024	Allocations:	
Grand total:					\$3,647.90	\$71.53

Statement Only - Do Not Pay

Subsidy Premium Amount:

The two (2) percent fee owed to isolved Benefit Services for premiums accepted by your company or records subsidized by you or request submitted to isolved Benefit Services.

Insufficient Fund(s) Report

Explanation: There are situations when a payment has been returned to isolved Benefit Services, such as insufficient funds. Due this payment being returned, isolved Benefit Services will be invoicing for the payments already remitted to you. If we have not remitted the payment, the report will only provide with an updated paid through date for the participant.

Timing: As often as daily, as changes occur

Delivery: Secure Download Center

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Insufficient Fund(s) Report



Company: ABC Sample Company (010TEST)

Period: 1/22/2021 - 1/22/2021

This report provides information regarding COBRA payment(s) that have been returned to isolved Benefit Services as insufficient funds. Due to this payment being returned, we will be invoicing you for the payment already remitted to you. If this is a payment not remitted to you, this is to provide you with an updated paid through date.

The paid through date can change based upon new payments, unallocations or payments for such reasons as insufficient funds. Please review each report for the updated paid through date. If you have any questions regarding this report, please contact your Customer Response Specialist at 866-320-3040.

Name(s) of the individual(s) on the plan.

Employee: JENNIFER JOHNSON

Plan(s):
[UHC] [PPO] [EE+C]
[DELTA] [DENTAL PPO] [EE+CHILD(REN)]

The premium amount the of the check that was returned to isolved Benefit

Paid Through
11/30/2020
11/30/2020

Updated paid through dates for elected plans.

Insufficient Fund Process Date	Deposit Date	Amount of check	Invoice Amount (minus 2% Admin Fee)
1/22/2021	1/18/2021	\$1,190.24	\$1,167.06

The premium amount that isolved Benefit Services will be invoicing you.

Paid Through Change Report

Explanation: There are situations when you need to know when a participant makes a payment so you can update the carrier. This report provides you with an updated paid through date for participants on COBRA. It is a report that must be requested and is per carrier. The paid through date can change based upon new payments or un-allocations of payments (such as insufficient funds).

Timing: As often as daily, as changes occur (this report must be requested to be set up for your plans)

Delivery: Secure Download Center

Paid Through Change Report



Carrier: EMPIRE (E079)

Company: ABC SAMPLE COMPANY (C0000000)

This report provides an updated paid through date for participant who are on COBRA. The paid through date can change based upon new payments, unallocations of payments for such reasons as insufficient funds. Please review each report for the updated paid through date. If you have any questions regarding this report, please contact your Customer Response Specialist at 866-320-3040.

Name(s) of the individual(s) on the plan.

Employee: SAMPLE PARTICIPANT

Plan: [EMPIRE][MED EPO][SINGLE]

The plan in which a payment was applied (or un-allocated)

QB(s): First Name	Last Name	Relation	Paid Through
LON	DAVISON	E	2/29/2020

Updated paid through dates for elected plans.


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Open Enrollment Notices Mailed

Explanation: This report provides you with the name and address for individuals in which isolved Benefit Services generated and mailed Open Enrollment Notices within the report period.

Timing: As often as daily, as notices are mailed on your behalf

Delivery: Secure Download Center



Open Enrollment Notices Mailed

Account: ABC SAMPLE COMPANY (010TEST)
Notices Mailed: 12/10/2020 - 12/10/2020

Report Explanation

This report documents the name and address for individuals in which isolved Benefit Services has generated and mailed your elected notice (s) through our Open Enrollment Mailing service.

Please review your first monthly Participant Status Report after the end of your open enrollment deadline to confirm that the information is accurate. You can review your participant's status at any time by pulling an Online Report, Client Participant Status, in the COBRA Online Portal.

Any changes that occur on a participant's record will be reflected on the Daily Status Change report that is provided to you through your Download Center, in the COBRA Online Portal. If any of the information must be changed, please notify isolved Benefit Services immediately at 866-320-3040.

If you have a need for additional open enrollment packet(s) to be mailed to individual(s) (i.e. terminated employees), after your initial open enrollment mailing, please contact isolved Benefit Services at 866-320-3040 or email openenrollment@isolvedhcm.com and we will be happy to assist. The charge for this mailing will be \$12 per packet.

If you have any questions regarding this report, please contact your Customer Service Account manager at 866-320-3040.

Total Open Enrollment Notices Mailed: 2

Number of notices that were mailed

Notices Sent To:

ROBBINS, JULIA
49 HILLS DRIVE
SAN MATEO, CA 94403

BROWN, STEVEN
661 WASHINGTON AVE
ORANGEVALE, CA 95662

Participants with addresses that were mailed an open enrolment notification.

Payments on Expired Plans

Explanation: This report provides you with the details on any participants who have made payments, or we have applied subsidies on plans that our system indicate are expired plans. We include the plan and the date we show the plan as expired. If your plans have renewed, please visit the Online Portal to update them or contact your Customer Service Account representative at 866-320-3040.

Timing: Weekly, as needed

Delivery: Secure Download Center

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Payments on Expired Plans Report

Account: ABC SAMPLE TEST (9A0000)

Dates: 7/1/2020 - 7/23/2020

Report Explanation

This report documents participants who have made payments or we have applied subsidies on plans that our system show are expired plans. We have included the plan and the date our system indicates the plan has expired. If your plans have renewed, please visit the COBRA Online Portal to renew them.

If you have any questions regarding this report, please contact your Customer Service Account Manager at 866-320-3040.

First Name	Last Name	Plan Code	Coverage Code	Option Code	Expired	Payment Type
DOUG	NEWMAN	LINCOLN	DENTAL	EE+SPOUSE	12/31/2019	CHECK
DOUG	NEWMAN	LINCOLN	VISION	EE+SPOUSE	12/31/2019	CHECK
JANICE	WILLIAMS	BCBS OF LA	BLUE SAVER PLAN	FAMILY	12/31/2019	PAYMENTUS

Participants name(s) on plans that are showing in our system as expired plans.

Plan Code, Cover Code & Option code participant is showing on within our system.

When we show the plan expired within our system.

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@isolvedhcm.com

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