

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 isolved Benefit Services relating to premium collections, the two (2) percent COBRA administrative fee is payable to isolved Benefit Services for all COBRA premiums following your effective date whether they are received by isolved Benefit Services.

This report (invoice) will show the two (2) percent fee owed to isolved 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

Subsidy Premium Statement

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

Report Explanation

We are reaching out to you to verify recent COBRA account activity resulting from a Full Authorization Credit (PCA). This notice serves as a confirmation that the activity you reported is accurate. 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 is not responsible 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.

Entered:	Amount:	Period:	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	\$34.96	
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:		
				\$3,647.90	\$71.53
Subsidy Premium Amount:				\$71.53	

Statement Only - Do Not Pay

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

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

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.

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).