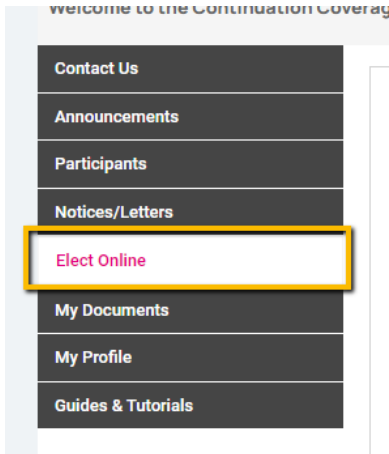


Elect Online

This section allows you to elect your continuation coverage online if you are still within your time frame to elect.



To elect your continuation coverage online, click **Elect Online** on the left menu.

Please review information regarding making your online election. Click on “Next”.

Welcome to the Online Election

Our records indicate that we have not yet received and/or processed a continuation coverage election form for you. To continue coverage, you must complete and submit your paper Election Form or use this Online Election Process no later than your last date to elect (as listed on your Continuation Coverage Notice).

Your Continuation Coverage Election and payments are deemed made on the date it is postmarked or the timestamp if done electronically. If you elect and/or pay through our website, it must be submitted before 11:59 p.m. ET on your last date to either elect or pay.

Some of the abbreviations you may see within your notice and online could include: EE (Employee), SGL (Single), EE+1 (Employee plus one), EE+SPS (Employee plus spouse), EE+DEP (Employee plus dependents) or FAM (Family).

If you wish to select coverage for yourself, your spouse, or your dependents for any continuation plan(s) offered on your notice, you may do this by clicking the “Next” button to walk you through the online election process. If you find any discrepancies between your Continuation Coverage notice and the plan(s) you were previously enrolled, please contact isolated Benefit Services at 800-594-6957.

If you require additional assistance, prior to electing, please review the guidance forms or videos located within the menu on the left under Resources. When you are ready to complete your Continuation Coverage election, click on the “Next” button below.

The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

In order for your online Continuation Coverage Election to be valid, you must click Submit at the end of the process and receive a confirmation number. Without a confirmation number, your election will not be successfully submitted and/or saved. If you do not receive a confirmation number, you may call isolated Benefit Services at 800-594-6957 to verify the status of your online election. If you are unable to successfully complete the online election, you may submit a written election to isolated Benefit Services.



You will need to review the isolated Benefit Services Terms and Conditions and click **Agree** to continue with your online election of your continuation coverage.

Alternatively, you may submit a written election to isolated Benefit Services in paper form (available at no charge) by completing the COBRA Continuation Coverage Election Form included in the Notice of Your Continuation Coverage. A copy of that notice is available within this online portal for your review, under Notices in the navigation bar.

In order for your online Continuation Coverage Election to be valid, you must click **Submit at the end of the process and receive a confirmation number. Without a confirmation number, your election will not be successfully submitted and/or saved.** If you do not receive a confirmation number, you may call isolated Benefit Services at 800-594-6957 to verify the status of your online election. If you are unable to successfully complete the online election, you may submit a written election, as described above.

The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

You must click **Agree** to continue. If you click **Cancel**, no election will be submitted.

COBRA ELECTION WIDGET

You are about to complete your Continuation Coverage election online. Alternatively, you may submit a written election in paper form, to isolved Benefit Services, which is available at no charge. To complete a written election, you should complete the COBRA Continuation Coverage Election Form, which is included in the Notice of Your Continuation Coverage. A copy of that notice is available within this online portal for your review, under "Notices" in the navigation bar.

In order for your online Continuation Coverage election to be valid, you must click Submit at the end of the process and receive a confirmation number. Without a confirmation number, your election will not be successfully submitted and/or saved. If you do not receive a confirmation number, you may call isolved Benefit Services at 800-594-6957 to verify the status of your online election. If you are unable to successfully complete the online election, you may submit a written election, as described above.

By submitting your online election, you hereby grant permission and authorization for isolved Benefit Services to sign a version of your election form on your behalf or to provide information identifying the user who submitted this election as well as the date and time submitted, to the extent and solely to the extent necessary to satisfy any requirements of the insurance company. If your insurance company requires a signature, you hereby agree to provide one upon request and you hereby agree that reinstatement of coverage may be delayed until you provide such signature. If your insurance company requires you to complete a new enrollment form for continuation coverage, completion and submission of such forms are solely your responsibility.

I/we understand that COBRA continuation coverage may be retroactively terminated if any facts on this election form or the original plan enrollment form are misrepresented. I/we apply for COBRA continuation coverage for myself and/or the individuals listed above. All retroactive payments for coverage are due in full within 45 days of the election date. Payment is not required now; however, coverage will not be reinstated until after payment is received. The timeframe for reinstatement of coverage often depends upon the insurance company.

The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

You must click "Agree" to continue. If you click "Cancel", no election will be submitted.

You will be able to view all of the coverages you were offered on the Notice of Your Continuation Coverage. You may see multiple options for the coverages due to different option levels available.

Elect Online Wizard

Please follow these steps to complete your COBRA online election.

We show the following individuals eligible for continuation coverage:

<p>JOSEPH SMITH Employee DOB: 2/12/1985 City: ELBERFELD State: AL Address 1: 1955 WILLEDSON DR. E</p> <p><input type="button" value="EDIT"/></p>	<p>JANA SMITH Spouse DOB: 1/25/1960 City: ELBERFELD State: AL Address 1: 1955 WILLEDSON DR. E</p> <p><input type="button" value="EDIT"/></p>
---	---

If you do not see someone listed above, who will be electing coverage, please click "Add COBRA participant" here to add their demographic information including Soc. Sec. #, DOB & address (if different than yours). Once all the COBRA participants have been added, click on "Confirm".

For example, you may see a medical plan listed with both family and single options. You have individual elections rights; therefore you need to determine which option level (family, single or none) you would like to elect. If you do not see the option level you think should be available (for example, employee plus spouse), please contact our office at 800-594-6957 and we can assist with reviewing your options and making them available to you to elect online. You can cancel your election during any step.

The first screen is where you add any COBRA Participants that are not shown and will be electing continuation coverage. Click **+Add COBRA Participant** to add additional family members for the plan. Add their information in the form. You must include date of birth and Social Security Number. Review address, if it is different than yours, update the address. Nothing is required if the address is correct.

Personal Information		Address	
First Name	<input type="text"/>	Address 1	<input type="text" value="1955 WILLEDON DR. E"/>
Initial	<input type="text"/>	Address 2	<input type="text"/>
Last Name	<input type="text"/>	Country	<input type="text" value="United States of America"/>
Relationship	<input type="text" value="Select..."/>	State	<input type="text" value="Alabama"/>
DOB	<input type="text"/>	City	<input type="text" value="ELBERFELD"/>
SSN	<input type="text" value="Format: 123-45-6789"/>	Zip Code	<input type="text" value="80117"/>
Gender	<input type="text" value="Select..."/>		
Contact Information			
Phone	<input type="text" value="Format: 123-456-7890"/>		
Email	<input type="text" value="luna@test.com"/>		
		<input type="button" value="CANCEL"/>	<input type="button" value="SAVE"/>

Once all the data is entered, click “OK” to continue. Click **+Add COBRA Participant** until all COBRA participants have been added and you can see all of them listed.

Click on “Confirm”.

<input type="button" value="CONFIRM"/>	<input type="button" value="CANCEL ELECTION"/>
--	--

Once you have added all COBRA Participants, please click on “Confirm” to continue to the next step.

The next several screens will provide you with each coverage that you were offered to continue on your Continuation Coverage Election Notice. Select the option and participants (individuals) to continue that coverage.

Elect Online Wizard
Offered Coverage: **GUARDIAN DENTAL**
Select one of the levels under Option

<input checked="" type="radio"/> NONE	<input type="radio"/> EE+1 Last date to elect: 3/1/2023 Coverage start date: 2/1/2023 Premium: \$112.64	<input type="radio"/> SGL Last date to elect: 3/1/2023 Coverage start date: 2/1/2023 Premium: \$66.26
--	---	---

Once you have selected your option level, then select the members continuing with this coverage below.

Covered Members
Select all of the covered members for this plan.

<input type="checkbox"/> JOSEPH SMITH Employee	<input type="checkbox"/> JANA SMITH Spouse
--	--

Make sure to select the option level (e.g. Single, Family) and participants (check boxes by participant names) for each plan you are electing. You may select “None” if you are not continuing a coverage. You will click “Next” after each coverage has been completed.

Check everyone within the option box that is electing that coverage. For example, if you elect the UHC Medical PPO EE+Spouse, check the box next to your name and your family member’s name(s).

Note: Once you have gone outside your time frame to elect, you will not be able to elect online or via mailed election form.

You will select the “Option” level and “Covered Members” for all coverages listed on your continuation coverage notice. If you need to go back to the prior page, click on “Previous Page”. Once you have selected all coverages, (e.g. medical, dental, vision, etc.), you will see that your election has been processed, but you must click on **“SAVE” on before it is submitted to isolved Benefit Services.**

Elect Online Wizard

Based upon your selections, you have made the following plan elections, covering these individuals. If this is not correct, click “Previous” to correct any plan(s) or members. If everything is correct, please click on “Save”. After you click on “Save”, you will have a pop-up box to finish this process. Click on “Submit” to send your election to isolved Benefit Services. Once you click on “Save” and “Submit”, you will not have the ability to change your selections. Your election will not be completed until you click “Save” and “Submit”.

After clicking on “Submit”, do not refresh or close your webpage during this process. You will see your final selections on the next page showing you the COBRA Participants and plans selected for each. This will also include a Confirmation Number to keep for your records.

GUARDIAN DENTAL EE+1 Premium: \$112.64 Last Date To Elect: 3/1/2023 Coverage Starts: 2/1/2023	Covered Members JOSEPH SMITH Employee JANA SMITH Spouse
KAISER MEDICAL HMO EE+1 Premium: \$1,639.87 Last Date To Elect: 3/1/2023 Coverage Starts: 2/1/2023	Covered Members JOSEPH SMITH Employee JANA SMITH Spouse

isolved Benefit Services has my permission to speak to the following individuals about any and all aspects of my continuation coverage:

PREVIOUS PAGE PRINT **SAVE** CANCEL ELECTION

This page is a preview of your election. It **has not been submitted to isolved Benefit Services.** Please review your selections. If you need to make any changes, you may click on “Previous Page”. You can print your election from this page as well (however, you will also receive a confirmation of your election once you have completed the process). If everything is correct, please click on **“SAVE”**. **Your election will not be processed until you click on “SAVE” and then on “SUBMIT”.**

In order for your coverage to be continued, the above premiums must be paid. You have the option of making your payment online or you can send payments via USPS. If the above information is correct, please click “SUBMIT” and the election process will be completed.

If you would like a copy of this election, please click on Print.

PRINT **SUBMIT** CANCEL

If your former employer is “subsidizing” your COBRA by paying for a portion (e.g. 80% or your premium) you will see that amount, either a percent or a fixed amount, with the start and end date of the subsidy within the last screen.

Example of subsidized COBRA:

Elect Online Wizard

Based upon your selections, you have made the following plan elections, covering these individuals. If this is not correct, click "Previous" to correct any plan(s) or members. If everything is correct, please click on "Save". After you click on "Save", you will have a pop-up box to finish this process. Click on "Submit" to send your election to isolved Benefit Services. Once you click on "Save" and "Submit", you will not have the ability to change your selections. Your election will not be completed until you click "Save" and "Submit".

After clicking on "Submit", do not refresh or close your webpage during this process. You will see your final selections on the next page showing you the COBRA Participants and plans selected for each. This will also include a Confirmation Number to keep for your records.

Plan Name	Covered Members	Active Subsidies
GUARDIAN DENTAL SGL Premium: \$66.26 Last Date To Elect: 3/1/2023 Coverage Starts: 2/1/2023	MONICA THOMAS Employee	Start Date: 2/1/2023 End Date: 7/31/2023 Type: PERCENT Amount: 100.00%
KAISER MEDICAL HMO SGL Premium: \$819.94 Last Date To Elect: 3/1/2023 Coverage Starts: 2/1/2023	MONICA THOMAS Employee	Start Date: 2/1/2023 End Date: 7/31/2023 Type: PERCENT Amount: 100.00%
VSP VISION SGL Premium: \$12.70 Last Date To Elect: 3/1/2023 Coverage Starts: 2/1/2023	MONICA THOMAS Employee	

isolved Benefit Services has my permission to speak to the following individuals about any and all aspects of my continuation coverage:

PREVIOUS PAGE PRINT **SAVE** CANCEL ELECTION

If you do not see “Active Subsidies” then we do not have anything on file for a subsidy for your event. If you feel this is incorrect, please contact our office for assistance.

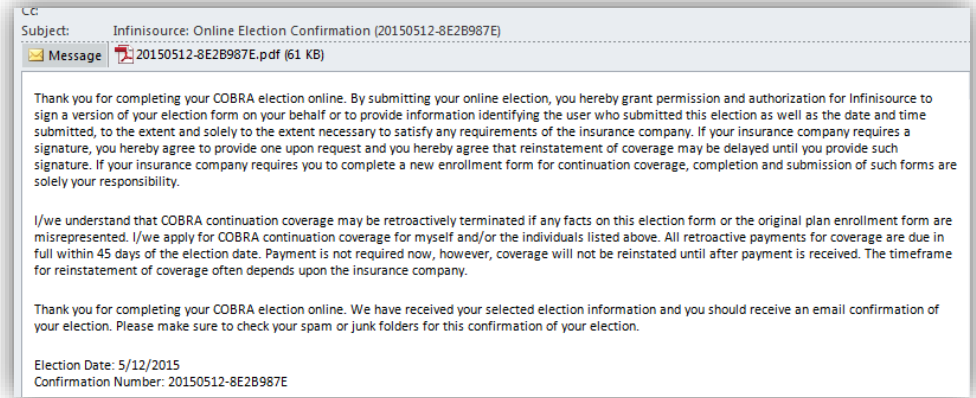
You must click on **“SAVE”** and then **“SUBMIT”** to complete your election submission to isolved Benefit Services.

You can click **Cancel Election** at any time to discontinue the election process.

Once you click **Submit**, your election process has been completed and you will see your election under the “Elected Plans” tab in the left menu that includes all your election details with the summary of all the participants and coverages that you have selected to continue on the coverage. If you see any errors after submitting your information, please contact our Customer Support Team at 800-594-6957 or via email at QBmail@isolvedhcm.com.

There is important information listed here regarding your reinstatement of coverage, paying for continuation coverage and invoicing. Please review this information.

Once you have submitted your election online, you will receive a confirmation to the email address you provided in your profile. Please retain this email for your records of the online election you submitted to isolved Benefit Services. This will also include a confirmation number of your online election and a copy of your election for your records.



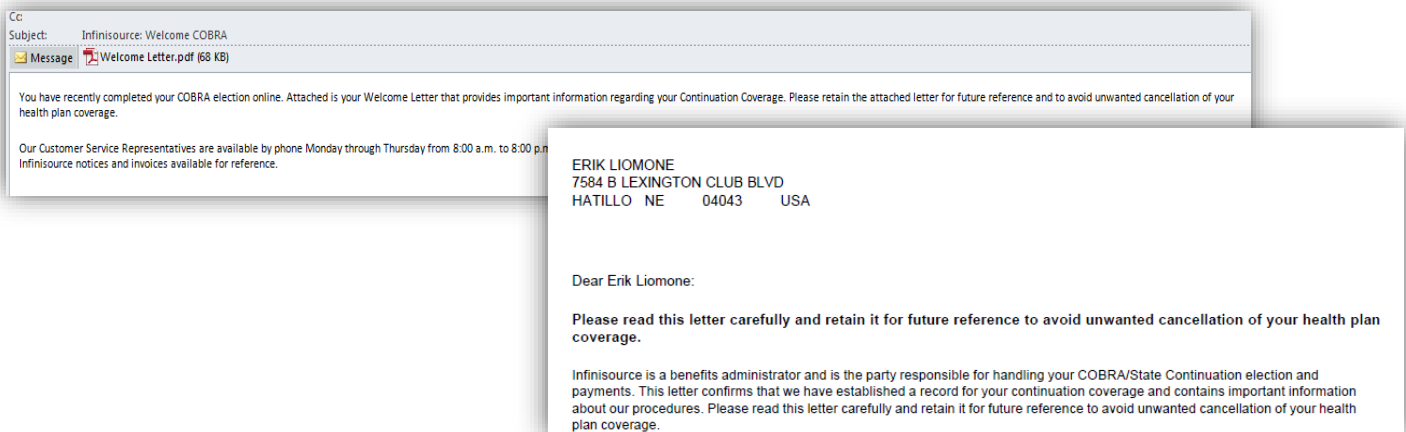
Online Election Confirmation

Employee: JAMIE LUTZ	Event Date: 12/31/2014
Election Date: 5/12/2015 6:33 PM	Loss of Coverage Date: 12/31/2014
Entered By: lutz@test.com	Confirmation No: 20150512-8E2B987E

SELF FUNDED VISION SGL		\$2.49	
JAMIE LUTZ			
Address	101 NW 108 TERRACE SUITE 202	Relationship	Dependent
City	ALLENDALE	Phone	
State	WI	DOB	
Zip Code	96766	SSN	
Country	USA	Email	marno@test.com

Additionally, you will receive a welcome letter via email with details about your continuation coverage.

Welcome Letter email:



You can view what you have elected by returning to the Elected Plans tab.

Elected Plans

[GUARDIAN][DENTAL][SGL]									
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
MONICA THOMAS	INACTIVE	1/25/2023	1/31/2023	2/20/2023		7/31/2024			2/20/2023

[KAISER][MEDICAL HMO][SGL]									
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
MONICA THOMAS	INACTIVE	1/25/2023	1/31/2023	2/20/2023		7/31/2024			2/20/2023

[VSP][VISION][SGL]									
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received
MONICA THOMAS	INACTIVE	1/25/2023	1/31/2023	2/20/2023		7/31/2024			2/20/2023

Note: isolved Benefit Services is a benefits administrator and is the party responsible for handling your COBRA/State Continuation election and payments. Once you make a timely payment, your coverage will be reinstated retroactive to your *Loss of Coverage* date. If you do not pay, any expenses you incur after the loss of coverage date will become your financial responsibility.

The time frame for reinstatement of coverage often depends upon the insurance company. To confirm your coverage status, please call the insurance company directly.

Paying for continuation coverage

Once you elect, continuation coverage must be paid for from the loss of coverage date forward, in consecutive monthly increments. All retroactive payments for coverage are due in full within 45 days of the election date. For monthly payments following your date of election, the premium is due in full on the day due each month. Each monthly coverage period has a grace period of at least 30 days. Payments postmarked after any grace period ends (either the 45-day grace period or a monthly 30-day grace period) are considered late and will not be accepted.

Additional Coverage after Election Processed

If you need to add another coverage or additional participants that you did not initially elect during your online election, you will need to elect via a different method, i.e. mail or email. You must be within your original Last Date to Elect listed on your notice to make changes to your election, unless you have occurred a Special Enrollment Period. Please review your Continuation Coverage Election Notice for information on Special Enrollment Periods.

Beneficiaries

This lists all beneficiaries we have in our system. It will also show the offered coverages that were listed on your Qualifying Event notice.

Contact information

This will show you the current address, phone and email address we have on file for you. Please make sure your email address is listed within this section so you will receive notifications (only applicable if you sign up for recurring or monthly payments).

Make a monthly payment

This section provides an overview of each pay schedule that you are invoiced and when payment was received for the coverage. This is an important area if you want confirmation of payment being received at isolated Benefit Services. You are not able to make an online payment until an invoice has been processed for your continuation coverage.

Make a recurring payment online

To setup recurring payments, click **Setup Recurring Payments** instead of choosing an invoiced period. This will take you to a page to enroll and set up your banking information. You are not able to set up a recurring payment until your COBRA payments are current. All recurring payments will begin on the first due date after setting up the payments online. You are not able to make any online payment until an invoice has been processed for your continuation coverage.

Once recurring payments are set up an invoice will no longer be sent via mail or email, but they can be viewed within the Online Portal under the invoices tab.

Paymentus Customer Dashboard

Here you can view scheduled payments and any payments that have been pulled from your checking or savings account.

Cancel recurring payments

Here you can cancel your recurring payments that you have scheduled.

Invoices

You may view your invoices from this section by clicking **Download**. You can set up to receive your invoices via email once you have elected. Please review our guide on steps to take to set up your account for paperless invoices.

Payment help

Find documents to assist you with making online payments with isolated Benefit Services.

Payments

This offers you a view of all payments received by isolated Benefit Services. It will provide information on payment type, check number, how much was paid and allocated, if there was any refund, the post mark date on the payment, when it was received by isolated Benefit Services and deposited.