



## PREMIUM COLLECTION INFORMATION

PREMIUM COLLECTION CLIENTS: 866-320-3040  
PARTICIPANTS: 800-594-6957

PREMIUM REMITTANCE ADDRESS  
PREMIUM PAYMENT CENTER  
ISOLVED BENEFIT SERVICES, INC.  
PO BOX 949  
COLDWATER, MI 49036

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## Invoices

The initial invoice is sent to the qualified beneficiary along with a Welcome Letter (see Letters section) as soon as:

- A valid election is received
- A People on COBRA form is processed
- A client adds Premium Collection service

Generally, we invoice for the first coverage period on or after a client's effective date OR after receipt of the information, whichever is later. However, isolved Benefit Services will work with you to determine the most appropriate time frame to invoice your COBRA participants. If your desired time frame is prior to your contract being effective, we may have to discuss a grace date extension.

Invoices notify the qualified beneficiary of premiums due to bring their account current and list the coverage period and coverage types. isolved Benefit Services generally invoices fifteen (15) days prior to the due date for the next coverage period. (For example, the invoice is mailed March 15 for the April coverage period.)

## Reporting Continues to isolved Benefit Services

Invoicing will begin for the first coverage period as determined between the parties involved after receipt of People on COBRA (POC) information. If a Continuee does not pay for the coverage period prior to this pre-determined invoicing date, the client will inform isolved Benefit Services and coverage will be retroactively terminated. If a POC form does not contain the required information and cannot be processed, the client will be contacted to obtain the information. If the information is supplied no later than the third day of the coverage period, isolved Benefit Services will invoice for that coverage period.

## Insignificant Premium Underpayment

The 2001 Final COBRA Regulations defined an insignificant underpayment as *"A shortfall is not significant if it is no greater than the lesser of \$50 or 10 percent of the required amount."* Therefore, if a premium is underpaid by the lesser of \$50 or 10 percent, the plan is required to provide notice of the underpayment and allow thirty (30) days from the notice date for payment of the shortage. The plan could also accept the premium as payment in full.

The isolved Benefit Services Payment Center complies with this provision by allowing an additional thirty (30) days from the date of second invoice (detailing the amount of the shortage and new due date) for any payment that is short by more than \$2.00 but less than \$50 or 10 percent of the required premium. If payment is short by \$2.00 or less, isolved Benefit Services will continue to accept this as payment in full.

Sample Invoice

**isolved** Benefit Services **Continuation Coverage Invoice**  
 This invoice is deemed accurate unless you note all changes in coverage information provided on the reverse side.

Amount Due: \$6,106.88

Account: C9955264  
 Invoice Date: December 18, 2020  
 Invoice No: EMPLSF90A

Enclosed is my check for \$\_\_\_\_\_. Please indicate name and invoice number of covered individuals on each check.

From: SAMPLE A EMPLOYEE  
 2222 WASHINGTON ROAD SW  
 LANCASTER OH 43130 USA

To ensure proper credit, the payee's name (upper portion) must be printed with your payment.  
 By submitting this payment, I/we confirm that the information is true and correct to the best of my/our knowledge.

SAMPLE A EMPL. E  
 2222 WASHINGTON ROAD SW  
 LANCASTER OH 43130 USA

Invoice Date: 12/18/2020  
 Invoice No: EMPLSF90A

Information regarding your coverage and payments is available on our secure website. Visit [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com). Click on "Login", in the upper right hand corner, then under "COBRA Login" click on your User Name and Password on your election notice. Please note, Safari is not a compatible browser and payments cannot be made using a cell phone, iPad or tablet.

Grp Beneficiary: Wilson Enterprises Inc

Coverage Period	Description	Amount Due	Due Date	Grace Date
6/1/2020 to 6/30/2020	PRINCIPAL DENTAL EE ONLY	\$27.53	6/1/2020	2/1/2021
6/1/2020 to 6/30/2020	PRINCIPAL VISION EE ONLY	\$6.32	6/1/2020	2/1/2021
6/1/2020 to 6/30/2020	UHC ANC9 RX 454 EE ONLY	\$729.51	6/1/2020	2/1/2021
7/1/2020 to 7/31/2020	PRINCIPAL DENTAL EE ONLY	\$27.53	7/1/2020	2/1/2021
7/1/2020 to 7/31/2020	PRINCIPAL VISION EE ONLY	\$6.32	7/1/2020	2/1/2021
7/1/2020 to 7/31/2020	UHC ANC9 RX 454 EE ONLY	\$729.51	7/1/2020	2/1/2021

For security purposes, the qualified beneficiary's User ID and Password is now located on their COBRA election notice only. It is no longer on the invoices.

Qualified beneficiaries can access information regarding their COBRA coverage on our secure website at [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com). In the Login area, select Employees under the COBRA Login or State Continuation Coverage. They will then enter their USER ID and Password.

Letters

Our Payment Center may generate several letters to your participants on your behalf. Below are summaries of the most sent letters. Other letters are available by request or online at [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com). If you have questions from participants regarding letters they received, please call our Customer Service Team at 866-320-3040. Participants can call 800-594-6957 for support.

**Welcome Letter** is generally sent with the initial invoice to welcome the participant(s) to Premium Collection and outlines our service. This letter contains helpful information to assist them with questions they may have.

**Late Letter** is generated when a received payment is postmarked after the grace date. The payment is returned with this letter which explains we cannot accept premium payments postmarked after the grace period. The letter also explains that they have been terminated for late payment and will receive a termination notice under separate cover.

**Late Election Letter** is sent when a received election is postmarked after the last date to elect. The election will not be processed and is returned along with any payments that may have been included.

**Refund Letter** is generated when a premium payment refund is sent to the participant. It may be due to a request or to an overpayment at the end of coverage.

**Shortage Letter** is generated when a premium payment is received significantly underpaid. The letter explains that payment in full must be made by the grace date or coverage will be retroactively terminated.

**Additional letters** generated from isolved Benefit Services may include information regarding insufficient payments (checks returned by the bank), letters explaining COBRA has expired and payment is no longer accepted, checks made payable to someone other than isolved Benefit Services and the need for additional information from the qualified beneficiary.

## Reports

### *Daily Status Change Report* (requires your immediate attention)

<b>Explanation:</b>	The isolved 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. <b>This report reflects changes in COBRA coverage that require immediate action, such as new Continuees, removals, extensions and plan changes.</b>
<b>Timing:</b>	Daily or as changes occur.
<b>Delivery:</b>	Secure Download Center (preferred method), fax or email (for agents or carriers).

- Definitions:** The *Definitions* located on the report will help you understand the coverage change(s) that should be made.
- Who:** Client, carrier or third-party administrator (TPA) can receive this report.  
NOTE: If reports are sent to a carrier or TPA, there must be written authorization of this arrangement.

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

This report 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 third parties 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.

Most common components of the Daily Status Change Report:

Additions

**New Continuees**

**ROBINSON, SEWARD** SSN: XXX-XX-XXXX DOB:10/20/XXXX  
 ROBINSON, SEWARD  
 SSN: XXX-XX-XXXX DOB: 10/20/XXXX Relationship: Employee Type: Beneficiary Event: Termination of Employment  
 906 BOYD DRIVE #1  
 GLASSPORT GA 05084 USA  
 [HORIZON][DEN CHOICE PLAN][SINGLE]      Event Date: 10/14/2011      Initial Payment: 10/25/2011  
    Loss of Coverage: 10/31/2011      Paid Thru: 2/29/2012  
    Elected: 10/24/2011                      Expires: 4/14/2013

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

## Removals

### Removals

MERLAN, ELIZABETH SSN: XXX-XX-XXXX DOB:11/24/XXXX

MERLAN, ELIZABETH

SSN: XXX-XX-XXXX DOB: 11/24/XXXX Relationship: Employee Type: Beneficiary Event: Termination of Employment  
3715 ROBIN RD.

#5

FAULKNER NY 04761 USA

[HORIZON][DEN OPT PLAN][SINGLE]

Reason: Non Payment  
Event Date: 11/2/2011  
Loss of Coverage: 11/30/2011  
Elected: 12/8/2011

Initial Payment: 12/8/2011  
Paid Thru: 12/31/2011  
Payment Due: 1/1/2012

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

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

**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 isolved 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.

## *Subsidy Premium Statement Report*

**Explanation:** There are situations when our clients pay 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 or not they are received by isolved Benefit Services.

Please note that the entire two (2) percent for the amount subsidized (marking the record paid for) will be calculated and applied as the credit is added to the record. Subsidies can be added through the COBRA Online Portal. Isolved Benefit Services will apply the subsidy at the time of invoicing for the event record.

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

**When:** This monthly invoice is for the previous calendar month's activity, if applicable.

**Who:** Our client receives this report unless other prior arrangements have been made.

**Timing:** Monthly, at the beginning of each month for prior month remittance

**Delivery:** Download Center

**isolved**  
Benefit Services

**Subsidy Premium Statement**  
for Subsidies entered 11/30/2020 - 11/30/2020  
Account: ABC Company (010TEST)

**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 reviewed. Please review within the next three (3) business days and notify us immediately of any discrepancies or if you have other questions related to the PCA. Failure to notify isolved 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 diligence and of which you failed to notify isolved Benefit Services.

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

Entered:	Amount:	Period:	Plan:	Employee #:	Allocations:	Amt Due:
Entered: 11/30/2020	Amount: \$10.20	11/01/2020 - 11/30/2020	GUARDIAN VISION SGL		\$10.20	\$0.20
Entered: 11/30/2020	Amount: \$510.13	11/01/2020 - 11/30/2020	BCBS OF TX MED HDHP1 SGL		\$510.13	\$10.00
Entered: 11/30/2020	Amount: \$35.49	11/01/2020 - 11/30/2020	GUARDIAN DENTAL ENHANCED SINGLE		\$35.49	\$0.70
<b>Grand total:</b>					<b>\$555.82</b>	<b>\$10.90</b>

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

**Statement Only - Do Not Pay**

Subsidy Premium Amount: **\$10.90**

This shows the two (2) percent fee owed to Isolved Benefit Services for premiums accepted by your company or records vouchered per your request.

*Premium Remittance Report*

The Premium Remittance Report assists you with what payments were received at isolved Benefit Services and will match your COBRA Premium Remittance Check. 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.

**When:** Monthly, at the beginning of each month for prior month remittance

**Delivery:** Download Center



## Important information concerning Premium Remittance Reports

### Please review carefully

isolved Benefit Services remits payments as collected. Specifically, payments deposited by isolved Benefit Services within a calendar month will be remitted by the fifteenth business day of the following month. Preferred method of payment is via direct deposit at no additional cost. Premium Remittance by check will be charged \$10. To set up direct deposit, complete the [isolved Benefit Services Direct Deposit Authorization Form](#). isolved Benefit Services does not pay as billed, and Isolved Benefit Services does not accept premium billing statements.

isolved Benefit Services administers insignificant premium shortfalls in accordance with §54.4980B-8, Q/A-5 of the Treasury Regulations. However, any premium payment that falls short by \$2.00 or less will be considered payment in full. The employer will be responsible for payment of the difference.

isolved Benefit Services' Premium Remittance Report details each premium payment by coverage period and by carrier.

It is the policy of Isolved Benefit Services to remit all premium payments deposited, even if the payment constitutes a partial payment or a future payment for a period of coverage. The report that will accompany the monthly check denotes partial payments and specifies the coverage period. In the event that a COBRA participant does not submit the balance due, the participant's COBRA termination date will be reported through our standard reports (Daily Status Change and Participant Status) as the last coverage period paid in full.

When certain data in COBRA records are adjusted, premium payments may be reallocated. For instance, if a loss of coverage date is changed, the COBRA premium payments will be adjusted. isolved Benefit Services will report such adjustments to the employer, who will maintain this information with Premium Remittance Reports.



## Premium Remittance Report

For Premiums Deposited: 11/1/2020 to 11/30/2020

Account: ABC SAMPLE COMPANY [1A1111]

Produced: December, 02 2020

Fax: 616-667-4

**SAMPLE CONTACT**  
ABC SAMPLE COMPANY  
15 MICHIGAN AVENUE  
HUDSONVILLE MI 49426

### 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 been 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

to the Qualified Beneficiary, please telephone Customer Response at 800-300-3838

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.

<b>Remit to Client Total:</b>	<b>Amount Paid</b> \$2,466.45	<b>Amount Remitted</b> \$2,418.07
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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 Isolved Benefit Services during the report period.

*Amount Paid* is the total collected by Isolved Benefit Services from your COBRA participants.

*Amount Remitted* is the amount sent to you, after Isolved Benefit Services reduces the two percent COBRA administrative charge.

<b>Premium Remittance</b> For Premiums Deposited: 11/1/2020 to 11/30/2020 Account: ABC SAMPLE COMPANY (1A11111)							
EE#	Carrier/Plan/Payor	Group Number	Period	Premium	Original Amt Due	Amount Paid	Amount Remitted
<b>DELTA DENTAL</b>							
<b>DELTA DENTAL DENT PL A HIGH [EE+SPOUSE]</b>							
Active Plans							
	HHOWARD JONES [XXX-XX-1111]		11/01/2020 to 11/30/2020	\$61.58	\$61.58	\$61.58	\$60.37
	Subtotal for plan:		DELTA DENTAL DENT PL A HIGH [EE+SPOUSE]			\$61.58	\$60.37
<b>DELTA DENTAL DENT PL A HIGH [FAMILY]</b>							
Active Plans							
	CHRIS MCDONALD [XXX-XX-0000]		11/01/2020 to 11/30/2020	\$97.78	\$97.78	\$97.78	\$95.86
	Subtotal for plan:		DELTA DENTAL DENT PL A HIGH [FAMILY]			\$97.78	\$95.86
<b>DELTA DENTAL DENT PL A HIGH [SGL]</b>							
Active Plans							
	REX LANDS [XXX-XX-3333]		11/01/2020 to 11/30/2020	\$28.12	\$28.12	\$28.12	\$27.57
	Subtotal for plan:		DELTA DENTAL DENT PL A HIGH [SGL]			\$28.12	\$27.57
Subtotal for carrier: DELTA DENTAL						\$187.48	\$183.80
<b>EYEMED</b>							
<b>EYEMED VISION [EE+SPOUSE] 10563</b>							
Active Plans							
	HOWARD JONES [XXX-XX-1111]		11/01/2020 to 11/30/2020	\$11.24	\$11.24	\$11.24	\$11.02
	Subtotal for plan:		EYEMED VISION [EE+SPOUSE]			\$11.24	\$11.02
<b>FYFMFD VISION [FAMII YL 1020583]</b>							

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 percent or 150 percent of the applicable premium).

**Original Amt Due:** The amount due from the participant.

**Amount Paid:** The amount applied by Isolved Benefit Services 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:** The amount sent to the employer or carrier, after Isolved Benefit Services has reduced the two percent (based on the full COBRA premium).

## 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).** This report documents the status of possible Electees, Electees, Continuees and removals as of the print date. Daily Status Change Reports sent after this report date may instruct you to make changes concerning qualified beneficiaries listed in this report. Please review this report and any Daily Status Change Report sent to you in order to audit your insurance billing statement.
- Timing:** Monthly (optional semimonthly available)
- Delivery:** Secure Download Center, fax or mail
- Who:** Client, carrier or third-party administrator (TPA).  
(NOTE: If reports are sent to a carrier or TPA, there must be written authorization of this arrangement.)



## Employer Participant Status Report

For Activity Occurring: 11/16/2020 to 12/16/2020  
Account: ABC Test Company [010TEST]  
Produced: December 16, 2020

Fax:

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

### Report Explanation

#### Immediate Attention Required:

This report documents the status of COBRA Possible Electees, Electees, Continuees, and Removals as of: 12/16/2020. Daily Status Reports sent after this report date may instruct you to make changes concerning

#### 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.

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

Definitions will help you understand the categories within the report.

The second page will provide an Executive Summary of the data contained within the report.

**Employer Participant Status Report**

For Activity Occurring: 11/16/2020 to 12/16/2020  
Account: ABC Test Company [010TEST]

**Executive Summary**

**AETNA**

Possible Electees: 1  
Continuees: 5

**BCBS**

Possible Electees: 2  
Continuees: 1

**Cigna**

Possible Electees: 1

**Employer Participant Status Report**

For Activity Occurring: 11/16/2020 to 12/16/2020  
Account: ABC Test Company [010TEST]

**Carrier: AETNA**

**Group No:**

**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**

20303, 20303 SSN: XXX-XX-0000 DOB:10/29/2020  
20303, 20303

SSN: XXX-XX-2222 DOB: 10/29/2020 Relationship: Employee Type: Beneficiary Event: E  
Hours  
15151 W DIXIE HWY  
UPATOI TN 61572 USA  
[AETNA][DENTAL][EE+1]

[AETNA][DENTAL][EE+FAMILY]

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

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

There will be a separate section for each carrier.

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

**Event Date:** The 18-, 29- or 36-month COBRA period is measured from this date.  
**Loss of Coverage:** 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:** The last date a valid election can be made.

**Electees**

SMITH, JANE SSN: XXX-XX-0000 Employee #: 00000000 DOB: 4/30/1966

SMITH, JANE

SSN: XXX-XX-0000 DOB: 4/30/1966 Relationship: Employee Type: Beneficiary Event: Employee's Reduction of Hours

400 CHIGAO RD  
CEDAR SPRINGS MI 49319 USA

[DELTA DENTAL][DENTAL ENHANCED]  
[SINGLE]

Event Date: 8/3/2020  
Loss of Coverage: 8/31/2020  
Elected: 11/19/2020  
Must pay by: 2/26/2021

**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:** The last day of coverage as an active participant. COBRA coverage would begin on the day after the loss of coverage.
- Elected:** The election postmark date.
- Must pay by:** The last date a valid payment can be made.

**Continuees**

JOHNSON, BETH SSN: XXX-XX-4444 Employee #: 000149562 DOB: 10/3/1964

JOHNSON, BETH

SSN: XXX-XX-4444 DOB: 10/3/1964 Relationship: Employee Type: Beneficiary Event: Termination of Employment

242 MICHIGAN RD  
EAST LANSING MI 48823-2916 USA

[DELTA DENTAL][DENTAL ENHANCED][EMP  
+SPOUSE]

Event Date: 5/2/2020  
Loss of Coverage: 5/31/2020  
Elected: 6/3/2020

Initial Payment: 8/21/2020  
Paid Thru: 12/31/2020  
Expires: 11/30/2021

JOHNSON, DANNY

SSN: XXX-XX-8777 DOB: 2/9/1967 Relationship: Spouse Type: Beneficiary Event: Termination of Employment

242 MICHIGAN RD  
EAST LANSING MI 48823-2916 USA

[DELTA DENTAL][DENTAL ENHANCED][EMP  
+SPOUSE]

Event Date: 5/2/2020  
Loss of Coverage: 5/31/2020  
Elected: 6/3/2020

Initial Payment: 8/21/2020  
Paid Thru: 12/31/2020  
Expires: 11/30/2021

**Continuees** are current COBRA participants.

**Audit this section of the report against your monthly insurance billing statement with your Premium Remittance Report.**

**Continuees**

ROGERS, MARG SSN: XXX-XX-1111 Employee #:11111111 DOB:4/9/1967

ROGERS, MARG

SSN: XXX-XX-1111 DOB: 4/9/1967 Relationship: Employee Type: Beneficiary Event: Termination of Employment

19 ASHLAND DR  
BYRON CENTER MI 49315 USA  
[BCBS][MEDICAL PPO][SINGLE]

Event Date: 4/3/2020  
Loss of Coverage: 4/30/2020  
Elected: 5/2/2020

Initial Payment: 5/4/2020  
Paid Thru: 12/31/2020  
Expires: 10/31/2021

<b>Event Date:</b>	The 18-, 29- or 36-month COBRA period is measured from this date.
<b>Loss of Coverage:</b>	The last day of coverage as an active participant. COBRA coverage begins on the day after the loss of coverage.
<b>Elected:</b>	The election postmark date.
<b>Initial Payment:</b>	The initial payment postmark date.
<b>Paid Thru:</b>	The participant's current paid-through date. <b>Check this date each month.</b>
<b>Expires:</b>	The end of the maximum COBRA coverage period.

**Removals**

ANTHONY, MARCUS SSN: XXX-XX-7555 Employee #:003400009 DOB:12/5/1965

ANTHONY, MARCUS

SSN: XXX-XX-7555 DOB: 12/5/1965 Relationship: Employee Type: Beneficiary Event: Termination of Employment

109 NORTHWEST AVENUE  
GRAND RAPIDS MI 49534 USA  
[PRIORITY HEALTH][HSA TIER][SINGLE]

Reason: Participant requested termination  
Event Date: 2/7/2020  
Loss of Coverage: 2/29/2020  
Elected: 2/25/2020  
Removal Effective: 11/30/2020

Initial Payment: 3/7/2020

**Removals** are individuals whose COBRA has ended, usually retroactively.

<b>Reason:</b>	The reason for termination of COBRA is listed here.
<b>Event Date:</b>	The 18-, 29- or 36-month COBRA period is measured from this date.
<b>Loss of Coverage:</b>	The last day of coverage as an active participant. COBRA coverage began on the day after the loss of coverage.
<b>Elected:</b>	The election postmark date.
<b>Initial Payment:</b>	The initial payment postmark date.
<b>Paid Thru:</b>	<b>The participant's paid-through date and the date on which COBRA coverage ended.</b>
<b>Payment Due:</b>	For nonpayment, this is the due date of the missed payment.

Other categories

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

**Reinstatements:** Reinstated COBRA participants will show under Continuees.

**Plan Changes:** Participants who made coverage changes will be shown under Continuees with the coverage in place as of the date of the report.

**Take Overs:** Take overs will show as Continuees.

**Extensions:** Participants whose coverage has been extended will show as *Continuees* with a new *Expires* date.

## Rate Renewal

Plan renewals often mean rate increases. To ensure that these increases are implemented correctly for invoicing purposes, please report any changes at least thirty (30) days before the effective date of such changes. (For example, new rates effective April 1 must be received by March 1 for invoices to be correct.)

You may renew your rates online for the plans we currently have in our system for the next plan year. You may renew 120 days prior to the end of the plan year and up to the date they expire. You may renew at [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com), behind the client login under *Account Settings* and *Plans and Rates*. For additional assistance on renewing rates online, please review [our Plans and Rates Guide](#).

A confirmation report is available immediately upon submission of the updated rates. **NOTE:** Do not include the two percent if renewing online, as our system will automatically add the two percent.

Before submitting your rate renewal, please make certain that the information being provided is final and correct, as incorrect rates affect your participant's election notices, invoices and may appear confusing on the website when you provide qualifying event data.

Please remember that if you have a rate increase and you have not provided that information to us, we will still be collecting the old rates, and most likely, less than you owe to your carriers each month for the coverage.

The Plans and Rates contained in the report will be presumed correct and current for invoicing unless you notify us to the contrary.



**IMPORTANT NOTE:** The IRS states you may only pass along a rate increase to COBRA participants once in a twelve-month determination period. If you have a rate increase or a change in available plans, you must make COBRA Continuees, Electees and Possible Electees aware of these changes.

The *Participant Status Report* will provide you with the names and addresses of the individuals who, according to our records, should receive notification of any changes. An *Important Insurance Notification form* for this purpose is available on our web site at [www.isolvedbenefitservices.com](http://www.isolvedbenefitservices.com) behind the client login, under the *Resources* tab and *Forms and Letters*.

isolved Benefit Services offers an Open Enrollment service and would be glad to assist you in notifying your COBRA Continuees, Electees and Possible Electees. Please call us for more information if you are interested in receiving a quote.

## **Complete response of qualified beneficiary's coverage status during election/payment periods**

The 1999 Final COBRA Regulations require that a complete response be given to a health care provider's request of a qualified beneficiary's coverage status during the election/payment periods.

A response to a health care provider that a beneficiary is simply "covered" or "not covered" during the COBRA election/payment periods may not be adequate any longer. As outlined in the 1999 Final COBRA Regulations, there are several ways to respond to this type of inquiry. For example:

- A beneficiary is removed from the plan during the 60-day election period (this is generally the case) and then reinstated once COBRA is elected and the first payment is received. The plan must inform the provider that the qualified beneficiary currently does not have coverage but will have, retroactively, once COBRA is elected and the first payment is received. The response may need to include the specific dates of the election period and/or premium due dates.
- The plan provides coverage during the election period but cancels coverage retroactively if COBRA is not elected. The plan must inform the provider that a qualified beneficiary is covered, but that the coverage is subject to retroactive termination if COBRA is not elected (and/or appropriate premiums are not paid). Again, the response may need to provide the last date to elect.

To protect you from liability, it is vitally important that a correct response be provided to a health care provider requesting the coverage status of a qualified beneficiary. It is also important that this response be consistent. If your insurance carrier is not informed of your procedures for coverage during the election/payment periods, they may provide inaccurate or misleading information to a health care provider. COBRA is an employer law; therefore, the liability may fall back on you, not the carrier. Your insurance carrier should direct health care provider's inquiries regarding a beneficiary's status to you or to isolved Benefit Services.

If you have questions regarding the above information, please call your Customer Service Team at 866-320-3040.