

# Participant Status Report

## 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

### INFINISOURCE Employer Participant Status Report

For Activity Occurring: 12/1/2011 to 12/31/2011  
Account: NIKCO SPORTS ENTERPRISES [9BXXXX]  
Produced: December 31, 2011

Fax:

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

#### Report Explanation

##### Immediate Attention Required:

This report documents the status of COBRA Possible Electees, Electees, Continuees, and Removals as of 2/27/2012. 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.

Definitions will help you understand the categories within 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.

# Participant Status Report



Carrier: Horizon BCBS

### 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.  
**Continues** - 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

**JANSEN, SARAH M** SSN: XXX-XX-XXXX1 DOB:5/27/XXXX

JANSEN, SARAH M

SSN: XXX-XX-XXXX DOB: 5/27/XXXX Relationship: Employee Type: Beneficiary Event: Involuntary Termination  
Employment

54 NORTH AVENUE  
PREBLE CA 24477 USA

[HORIZON DIR ACC][LOW OPTION/RX]  
[SINGLE]

Event Date: 10/31/2011  
Loss of Coverage: 1/1/2012  
Last Date to Elect: 3/1/2012

**NELSON, MARIE**

NELSON, MARIE

Relationship: Employee Type: Beneficiary Event: Termination of Employment

77129 WINDMILL CT  
LECOMPTON TN 34445 USA

[HORIZON DIR ACC][HDHP/HRA/RX]  
[SINGLE]

Event Date: 1/20/2012  
Loss of Coverage: 1/21/2012  
Last Date to Elect: 3/26/2012

There will be a separate section for each carrier.

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

### Possible Electees

**DEWEY, GRACE**

DEWEY, GRACE

Relationship: Employee Type: Beneficiary Event: Termination of Employment

6909 CLAYTON ST.

APT. C-2500

LEE CITY MI 4XXXX USA

[HORIZON][DEN CHOICE PLAN][SINGLE]

Event Date: 12/12/2011  
Loss of Coverage: 12/31/2011  
Last Date to Elect: 2/29/2012

**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.

# Participant Status Report

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.

## Employer Participant Status Report

INFINISOURCE

For Activity Occurring: 2/6/2012 to 3/6/2012

Account: MARIE'S SYSTEMS [9AXXX]

Carrier: **CIGNA HEALTHCARE**

**C037**

## 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.

## Continuees

**MAITLAND, BRIAN**

MAITLAND, MYLEY

SSN: XXX-XX-7422 DOB: XX/XX/19XX Relationship: Spouse Type: Beneficiary Event: Divorce/Legal Separation

7107 LITTLE AVENUE  
OWENTON MI 48888 USA

[CIGNA][DENTAL DHMO PLN][SINGLE]

Event Date: 12/8/2010 Initial Payment: 2/2/2011  
Loss of Coverage: 12/31/2010 Paid Thru: 1/31/2012  
Elected: 2/2/2011 Expires: 12/31/2013

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



# Participant Status Report

## Continuees

MAITLAND, BRIAN

MAITLAND, MYLEY

SSN: XXX-XX-7422 DOB: XX/XX/19XX Relationship: Spouse Type: Beneficiary Event: Divorce/Legal Separation

7107 LITTLE AVENUE  
OWENTON MI 4XXXX USA

[CIGNA][DENTAL DHMO PLN][SINGLE]

Event Date: 12/8/2010

Initial Payment: 2/2/2011

Loss of Coverage: 12/31/2010

Paid Thru: 1/31/2012

Elected: 2/2/2011

Expires: 12/31/2013

<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>	This is the date on which the election was postmarked.
<b>Initial Payment:</b>	This is the date on which the initial payment was postmarked.
<b>Paid Thru:</b>	This is the participant's current paid-through date. <b>Check this date each month.</b>
<b>Expires:</b>	This is the end of the maximum COBRA coverage period.

## Removals

ARMTROST, NELSON SSN: XXX-XX-4663 DOB: XX/XX/19XX

ARMTROST, CONNIE

SSN: XXX-XX-5963 DOB: 11/5/2003 Relationship: Other Type: Beneficiary Event: Divorce/Legal Separation

679 N SOULES ST  
SAINT PETE SHORES MI XXXXX USA

[EYEMED][VIS][EMP]

Reason: Non Payment

Initial Payment: 10/13/2010

Event Date: 9/14/2010

Paid Thru: 12/31/2011

Loss of Coverage: 9/30/2010

Payment Due: 1/1/2012

Elected: 10/13/2010

<b>Removals</b>	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>	This was the last day of coverage as an active participant. COBRA coverage began on the day after the Loss of Coverage.
<b>Elected:</b>	This is the date on which the election was postmarked.
<b>Initial Payment:</b>	This is the date on which the initial payment was postmarked.
<b>Paid Thru:</b>	<b>This is 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.

# Participant Status Report



## 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.

Infinisource has COBRA experts to help you understand your COBRA administration reports. You can call **866-320-3040** or email [crmail@infinisource.com](mailto:crmail@infinisource.com). Monday through Thursday 8 a.m. to 8 p.m. (ET) and Friday 8 a.m. to 6 p.m. (ET).

