

Providing Data on People on COBRA

As a new customer with Infinisource, the transition includes moving your COBRA participant(s) to the Infinisource system to allow for tracking of timeframes for notices and collection of COBRA premiums. We need to collect some data to begin this and have provided you with access to our online form, People on COBRA Form available within the COBRA Online Portal.

To complete this form, please follow these steps:

1. Click on link in left menu: People on COBRA>Online Form.

2. The first section of this form is for the employee information. We connect all of your data to the employee – including those events where the employee did not lose coverage (e.g. divorce, dependent ceasing to be a dependent).

3. The bottom section of this form allows you to add any/all participants currently on COBRA under this event. Click on “Add another Qualified Beneficiary” to include additional members on COBRA (e.g. spouse and/or dependents on COBRA). You can see all the COBRA participants on the tabs once you have the information for each entered.

Information Ac

*First Name: *DOB:

Initial:

*Last Name: *SSN:

*Relationship: Phone:

Gender: eMail:

- Once the employee section and Qualified Beneficiary section has been completed, click on "Next" at the top of the form.
- The following screen is where you will select the coverages and participants for the selected coverages. You will see all the coverages that you offer so you may match up with what the COBRA participants are continuing. Example, Employee may be the only one on dental, but the medical has the whole family. Select the plans/coverages and the participants for each.

People on COBRA (POC)

This form is to provide Infinisource with any participants that you currently have on COBRA (through your own administration or a prior administrator) that Infinisource will now begin invoicing. We will track time frames and generate the required future notices for these COBRA Continueses. These participant reports until the coverage ends or the expiration date of their coverage. We need you to include all participant names that are continuing coverage, e.g. employee, spouse and dependent.

DELTADENTAL DELTA DENTAL		NCBCBS BCBS 2000	
Option Code - Select One	Name - Add anyone not listed, select those to continue on coverage	Option Code - Select One	Name - Add anyone not listed, select those to continue on coverage
<input type="radio"/> NONE	<input checked="" type="checkbox"/> SAMPLE EMPLOYEE	<input checked="" type="radio"/> NONE	<input type="checkbox"/> SAMPLE EMPLOYEE
<input type="radio"/> EE + CHILD(REN) \$76.93	<input type="checkbox"/> SPOUSE EVENT	<input type="radio"/> EE + CHILD(REN) \$924.53	<input type="checkbox"/> SPOUSE EVENT
<input type="radio"/> EE + FAMILY \$124.87	<input type="checkbox"/> DEPENDENT EVENT	<input type="radio"/> EE + FAMILY \$1,532.75	<input type="checkbox"/> DEPENDENT EVENT
<input type="radio"/> EE + SPOUSE \$63.82		<input type="radio"/> EE + SPOUSE \$1,020.37	
<input checked="" type="radio"/> EE ONLY \$31.59		<input type="radio"/> EE ONLY \$525.95	

NCBCBS BCBS 2000 DP		NCBCBS BCBS 4000	
Option Code - Select One	Name - Add anyone not listed, select those to continue on coverage	Option Code - Select One	Name - Add anyone not listed, select those to continue on coverage
<input checked="" type="radio"/> NONE	<input type="checkbox"/> SAMPLE EMPLOYEE	<input checked="" type="radio"/> NONE	<input type="checkbox"/> SAMPLE EMPLOYEE
<input type="radio"/> DP ES LESS EE \$494.72	<input type="checkbox"/> SPOUSE EVENT	<input type="radio"/> EE + CHILD(REN) \$747.14	<input type="checkbox"/> SPOUSE EVENT
<input type="radio"/> DP FAM LESS EC \$608.23	<input type="checkbox"/> DEPENDENT EVENT	<input type="radio"/> EE + FAMILY \$1,290.22	<input type="checkbox"/> DEPENDENT EVENT
		<input type="radio"/> EE + SPOUSE \$824.61	
		<input type="radio"/> EE ONLY \$450.93	

VSP VSP VISION	
Option Code - Select One	Name - Add anyone not listed, select those to continue on coverage
<input type="radio"/> NONE	<input checked="" type="checkbox"/> SAMPLE EMPLOYEE
<input checked="" type="radio"/> EE + 1 \$13.13	<input checked="" type="checkbox"/> SPOUSE EVENT
<input type="radio"/> EE + FAMILY \$23.54	<input type="checkbox"/> DEPENDENT EVENT
<input type="radio"/> EE ONLY \$9.07	

- Once you have selected all the plan coverages for the participants, you can preview your data and save and/or print that for your records.
- If you are data is correct, click on "Submit" and the data will submit to us and we will begin tracking notice timeframes and collecting premiums.