

A blue-tinted photograph of three people (two women and one man) smiling and looking at a tablet device. The image is overlaid with a semi-transparent blue filter.

Premium Collection

User Guide

Premium Collection Clients: 866-320-3040
Participants: 800-594-6957

Premium Remittance Address

Premium Payment Center
Infinisource, Inc.
PO Box 949
Coldwater, MI 49036



Contents

Invoices	3
Letters	5
Reports.....	6
Daily Status Change Report	6
Voucher Premium Invoice (VPI) report	9
Premium Remittance Report.....	11
Participant Status Report.....	15
Rate Renewal	19



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, Infinisource 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. Infinisource 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 Continuees to Infinisource

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 Infinisource 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, Infinisource 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 Infinisource 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, Infinisource will continue to accept this as payment in full.



Sample Invoice

Continuation Coverage Invoice Sample

This invoice is deemed accurate unless you note all changes in coverage in the space provided on the reverse side.

Amount Due: \$669.48

Account #: 0000111
Invoice Date: January 19, 20XX
Invoice No: SAMP1110

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

From:
SAMPLE PARTICIPANT
661 ANYWHERE LANE
ANYTOWN, MI XXXXX-XXXX

Make checks payable to:
Infinisource, Inc.
PO Box 949
Coldwater, MI 49038



To ensure proper credit, the payment stub (upper portion) must be returned with your payment.

By submitting this payment, I/we confirm that I/we continue to meet eligibility requirements.

SAMPLE PARTICIPANT
661 ANYWHERE LANE
ANYTOWN, MI XXXXX-XXXX

Invoice Date: 01/19/20XX
Invoice No: SAMP1110

Information regarding your coverage is now available on our secure website, www.infinisource.com. Click on "Login", "Employees/Participants", and select "Continuation Coverage". You can locate your User Name and Password on your election notice or by telephoning Customer Service at 800-594-8957.

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.

Group Benefits with: The Sample Corporation

Table with 5 columns: Coverage Period, Description, Amount Due, Due Date, Grace Date. It lists two items: HORIZON DIR ACCESS MEDICAL LOW and METLIFE DMO DENTAL.

Pay This Amount: \$ 669.48

All line items listed above have separate due dates and grace periods. Each item must be paid by its grace date to prevent termination of coverage.

Qualified beneficiaries can access information regarding their COBRA coverage on our secure website at www.infinisource.com. In the Manage your Account area, select Employees/Participants and Continuation Coverage. They will then enter their USER ID and Password.



Letters

Our Payment Center may generate a number of letters to your participants on your behalf. Below are summaries of the most commonly sent letters. Other letters are available by request or online at www.infinisource.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 Infinisource 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 Infinisource and the need for additional information from the qualified beneficiary.



Reports

Daily Status Change Report (requires your immediate attention)

- Explanation:** The Infinisource COBRA Administration System ages COBRA participant records nightly. After any change in COBRA status, this report will be generated on the following business day. **This report reflects changes in COBRA coverage that require immediate action, such as new continuees, removals, extensions and plan changes.**
- Timing:** Daily or as changes occur.
- Delivery:** 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
Loss of Coverage: 10/31/2011
Elected: 10/24/2011

Initial Payment: 10/25/2011
Paid Thru: 2/29/2012
Expires: 4/14/2013

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 begins on the day after the Loss of Coverage.
Elected:	The election postmark date.
Initial Payment:	The initial payment postmark date.
Paid Thru:	The participant's current paid-through date.
Expires:	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.

- Reason:** The reason for termination of COBRA is listed here.
- 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 begins on the day after the Loss of Coverage.
- Take Over:** If applicable, the date on which Infinisource took over the participant (typically for new clients).
- Initial Payment:** The initial payment postmark date.
- Paid Thru:** **The participant's paid-through date and the date on which COBRA coverage ended.**
- Payment Due:** For Nonpayment, this is the due date of the missed payment.

Less frequently, the Daily Status Change Report may also include:

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 Infinisource 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.



Voucher Premium Invoice (VPI) 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 Infinisource relating to premium collections, the two (2) percent COBRA administrative fee is payable to Infinisource for all COBRA premiums following your effective date whether or not they are received by Infinisource.

Please note that the entire two (2) percent for the amount we are vouchering (marking the record paid for) will be calculated and applied upfront as the credit is added to the record. If you would like us to mark a qualified beneficiary's record paid for six (6) months, you can submit a completed Premium Credit Authorization form to have us do this monthly instead of all six (6) months at once. You may request this form from our Customer Service department.

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



Voucher Premium Statement

for Vouchers entered 11/1/2011 - 11/30/2011

Account: D. MARIE'S SYSTEMS (9AXXXX)

Report Explanation

Enclosed is a statement for Employer Voucher Payments for the period shown above.

Employer Voucher Payments are payments made to parties other than Infnisource, Inc. after the Premium Collection Service effective date. As outlined in the Premium Collection Guidelines, the 2% administrative fee is payable to Infnisource for all COBRA premiums following your effective date, whether or not received by Infnisource.

If you have any questions about this statement, please telephone Infnisource, Inc. at 800-300-3838.

Thank you.

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

	<u>Period:</u>	<u>Plan:</u>	<u>Allocated:</u>	<u>Amt Due:</u>
Entered: 11/21/2011	Amount: \$3,197.64	Allocations:		
ALEJANDRA BUSONI (XXX-XX-4393)	09/01/2011 - 09/30/2011	CIGNA DENTAL HI PLAN FAMILY	\$59.09	\$1.16
ALEJANDRA BUSONI (XXX-XX-4393)	09/01/2011 - 09/30/2011	CIGNA NTWRK ONLY MED FAMILY	\$740.32	\$14.52
ALEJANDRA BUSONI (XXX-XX-4393)	10/01/2011 - 10/31/2011	CIGNA DENTAL HI PLAN FAMILY	\$59.09	\$1.16
ALEJANDRA BUSONI (XXX-XX-4393)	10/01/2011 - 10/31/2011	CIGNA NTWRK ONLY MED FAMILY	\$740.32	\$14.52
ALEJANDRA BUSONI (XXX-XX-4393)	11/01/2011 - 11/30/2011	CIGNA DENTAL HI PLAN FAMILY	\$59.09	\$1.16
ALEJANDRA BUSONI (XXX-XX-4393)	11/01/2011 - 11/30/2011	CIGNA NTWRK ONLY MED FAMILY	\$740.32	\$14.52
ALEJANDRA BUSONI (XXX-XX-4393)	12/01/2011 - 12/31/2011	CIGNA DENTAL HI PLAN FAMILY	\$59.09	\$1.16
ALEJANDRA BUSONI (XXX-XX-4393)	12/01/2011 - 12/31/2011	CIGNA NTWRK ONLY MED FAMILY	\$740.32	\$14.52
Grand total:			\$3,197.64	\$62.72

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

Statement Only - Do Not Pay

Voucher Premium Amount:

\$62.72

This shows the two (2) percent fee owed to Infnisource 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 Infinisource 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 Infinisource 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


Infinisource remits payments as collected. Specifically, payments deposited by Infinisource 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 [Infinisource Direct Deposit Authorization Form](#). Infinisource does not pay as billed, and Infinisource does not accept premium billing statements.

Infinisource 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.

Infinisource's Premium Remittance Report details each premium payment by coverage period and by carrier.

It is the policy of Infinisource 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. Infinisource will report such adjustments to the employer, who will maintain this information with Premium Remittance Reports.



INFINISOURCE Premium Remittance Report

For Premiums Deposited: 2/1/2012 to 3/20/2012
Account: NIKCO SPORTS ENTERPRISES [9BXXXX]
Produced: March, 20 2012

Fax:

Report Explanation

This report verifies the amount collected by Infinisource, Inc. on behalf of the account identified in the report. The report indicates the participant(s) and plan(s) for which they have paid. Included with this report is a check, minus any agreed fees payable to Infinisource, Inc. All payments deposited during a month will be remitted by the 15th business day of the following month.

From time to time, Infinisource may need to deduct fees from the remittance check, thus saving you the time (and cost) of generating a check back to us. Items that you may see automatically deducted are:

- Refund Adjustment
- Voucher Premium Invoice Adjustment
- Takeover Adjustment
- NSF Adjustment

Should Infinisource deduct fees from your remittance, please refer to the additional report documentation provided at the time of the deduction.

Partial Payments: In this report, you may find one or more partial COBRA premium payments. These payments are designated with an asterisk (*). If you receive a partial premium payment, you may have received the other portion in a prior month, or you may receive it in the following month. Please note that some carriers may not accept partial payments. Please note also that this report may reflect partial payments to bundled plans that could be provided by different carriers. Infinisource does not allocate partial payments to bundled plans, unless directed by the employer in writing. If you would like partial payments refunded to the Qualified Beneficiary, please telephone Customer Response at 800-300-3838.

If 'Carrier Not Known' appears on your report, please contact Infinisource 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.

Grand totals:	Amount Paid \$1,000.00	Amount Remitted \$980.38
----------------------	-------------------------------	---------------------------------

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 Infinisource during the report period.

Amount Paid is the total collected by Infinisource from your COBRA participants.

Amount Remitted is the amount sent to you, after Infinisource reduces the two percent COBRA administrative charge.



Premium Remittance					
For Premiums Deposited: 3/1/2009 to 7/31/2009					
Account: SAMPLE CLIENT [9AXXXX]					
Carrier/Plan/Payer	Period	Premium	Original Amt Due	Amount Paid	Amount Remitted
CIGNA HEALTHCARE [C037]					
CIGNA CHOICE HDHP/HSA [FAMILY]					
JAMES GLYNDIR [656-86-6490]	03/01/2009 to 03/31/2009	\$907.46	\$0.00	\$907.46	\$889.67
Subtotal for plan: CIGNA CHOICE HDHP/HSA [FAMILY]				\$907.46	\$889.67
CIGNA NTWRK ONLY MED [EMPLOYEE]					
JOHN BRETHNA [691-94-5596]	03/01/2009 to 03/31/2009	\$344.03	\$0.00	\$344.03	\$337.28
CATHERINE JIRCA [966-76-3972]	03/01/2009 to 03/31/2009	\$344.03	\$0.00	\$344.03	\$337.28
KURT KHIARNIT [508-27-2176]	04/01/2009 to 04/30/2009	\$344.03	\$0.00	\$344.03	\$337.28
LUISA PIKIKI [423-26-2460]	03/01/2009 to 03/31/2009	\$344.03	\$0.00	\$344.03	\$337.28
PAUL VUSCAELEB [852-44-2608]	04/01/2009 to 04/30/2009	\$344.03	\$0.00	\$344.03	\$337.28
Subtotal for plan: CIGNA NTWRK ONLY MED [EMPLOYEE]				\$1,720.15	\$1,646.40
CIGNA OA+CO I/O NTWRK [EMPLOYEE]					
CHARLES EIROSYE [285-69-6722]	03/01/2009 to 03/31/2009	\$330.63	\$330.63	\$330.63	\$324.15
CHARLES EIROSYE [285-69-6722]	04/01/2009 to 04/30/2009	\$330.63	\$330.63	\$330.63	\$324.15
CHARLES EIROSYE [285-69-6722]	05/01/2009 to 05/31/2009	\$330.63	\$330.63	\$330.63	\$324.15
CHARLES EIROSYE [285-69-6722]	06/01/2009 to 06/30/2009	\$330.63	\$330.63	\$8.11	\$7.95
ROSEMARY UCARYC [108-94-3006]	03/01/2009 to 03/31/2009	\$330.63	\$0.00	\$330.63	\$324.15
DENISE WEILAND [116-31-1157]	03/01/2009 to 03/31/2009	\$330.63	\$330.63	\$330.63	\$324.15
DENISE WEILAND [116-31-1157]	04/01/2009 to 04/30/2009	\$330.63	\$330.63	\$330.63	\$324.15
DENISE WEILAND [116-31-1157]	05/01/2009 to 05/31/2009	\$330.63	\$330.63	\$266.74	\$261.51
Subtotal for plan: CIGNA OA+CO I/O NTWRK [EMPLOYEE]				\$2,258.63	\$2,214.36
CIGNA OA+CO I/O NTWRK [FAMILY]					
DAVID NU'ISH [469-96-0611]	03/01/2009 to 03/31/2009	\$985.30	\$0.00	\$985.30	\$965.98
Subtotal for plan: CIGNA OA+CO I/O NTWRK [FAMILY]				\$985.30	\$965.98
Subtotal for carrier: CIGNA HEALTHCARE [C037]				\$5,871.54	\$5,756.41

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.



Premium Remittance

INFINISOURCE

For Premiums Deposited: 2/1/2012 to 3/20/2012

Account: NIKCO SPORTS ENTERPRISES [9BXXXX]

Carrier/Plan/Payor	Period	Premium	Original Amt Due	Amount Paid	Amount Remitted
HORIZON BCBS [H202]					
HORIZON DIR ACC HDHP/HRA/RX [SINGLE]					
SERGIO MARTIN [XXX-XX-1212]	12/01/2011 to 12/31/2011	\$492.43	\$492.43	\$492.43	\$482.77
SERGIO MARTIN [XXX-XX-1212]	01/01/2012 to 01/31/2012	\$492.43	\$492.43	\$492.43	\$482.77
SERGIO MARTIN [XXX-XX-1212]	02/01/2012 to 02/29/2012	\$492.43	\$492.43	\$15.14 *	\$14.84
Subtotal for plan: HORIZON DIR ACC HDHP/HRA/RX [SINGLE]				\$1,000.00	\$980.38
Subtotal for carrier: HORIZON BCBS [H202]				\$1,000.00	\$980.38
Grand totals:				\$1,000.00	\$980.38

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 Infinisource 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 Infinisource 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, continues 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.)

INFINISOURCE Employer Participant Status Report

For Activity Occurring: 2/6/2012 to 3/6/2012
Account: D. MARIE'S SYSTEMS [9AXXXX]
Produced: March 6, 2012

Fax:

Report Explanation
Immediate Attention Required:

This report documents the status of COBRA Possible Electees, Electees, Continuees, and Removals as of 3/6/2012. 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:

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.



Carrier: **Horizon**

There will be a separate section for each carrier.

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

MARDINO, MARY

MARDINO, MARY

Relationship: Employee Type: Beneficiary Event: Termination of Employment

77129 WINDMILL CT SE
LECOMPTON TN 34445 USA

[HORIZON][DEN OPT PLAN][SINGLE]

Event Date: 1/20/2012
Loss of Coverage: 1/31/2012
Last Date to Elect: 4/2/2012

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

OVERTON, BEATRICE

OVERTON, BEATRICE

Relationship: Employee Type: Beneficiary Event: Termination of Employment

5864 CINDY LN MILTON
WANAMINGO IN 97458 USA

[HORIZON][DEN OPT PLAN][SINGLE]

Event Date: 1/23/2012
Loss of Coverage: 1/31/2012
Last Date to Elect: 4/2/2012

Possible Electees

MARDINO, MARY

MARDINO, MARY

Relationship: Employee Type: Beneficiary Event: Termination of Employment

77129 WINDMILL CT SE
LECOMPTON TN 34445 USA

[HORIZON][DEN OPT PLAN][SINGLE]

Event Date: 1/20/2012
Loss of Coverage: 1/31/2012
Last Date to Elect: 4/2/2012

- 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

MARDINO, MARY

MARDINO, MARY

Relationship: Employee Type: Beneficiary Event: Termination of Employment

77129 WINDMILL CT SE
LECOMPTON TN 34445 USA

[HORIZON][DEN CHOICE PLAN][SINGLE]

Event Date: 1/20/2012
Loss of Coverage: 1/20/2012
Elected: 3/12/2012
Must pay by: 4/26/2012

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:** 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

GORDON, KATELYN M SSN: XXX-XX-0343 DOB:5/22/1971

GORDON, KATELYN M

SSN: XXX-XX-0343 DOB: 5/22/1971 Relationship: Employee Type: Beneficiary Event: Involuntary Termination of Employment

350 LAKEVIEW DR #101
APT. 17B

RANCHITA MO 81154 USA

[HORIZON][DEN CHOICE PLAN][SINGLE]

Event Date: 12/9/2010 Initial Payment: 2/4/2011
Loss of Coverage: 1/1/2011 Paid Thru: 2/29/2012
Elected: 2/4/2011 Expires: 6/9/2012

ROBINSON, SALLY SSN: XXX-XX-6960 DOB:10/20/2000

ROBINSON, SALLY

SSN: XXX-XX-6960 DOB: 10/20/2000 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

Continuees are current COBRA participants.

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



Continuees

MARTIN, SERGIO SSN: XXX-XX-1212

MARTIN, SERGIO

SSN: XXX-XX-1212 Relationship: Employee Type: Beneficiary Event: Termination of Employment

12709 WEST PRUITT ST.

APT. 13B

NANTICOKE CO 31516 USA

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

[SINGLE]

Event Date: 11/30/2011
Loss of Coverage: 11/30/2011
Elected: 1/30/2012

Initial Payment: 3/1/2012
Paid Thru: 1/31/2012
Expires: 5/30/2013

- 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 begins on the day after the loss of coverage.
- Elected:** The election postmark date.
- Initial Payment:** The initial payment postmark date.
- Paid Thru:** The participant's current paid-through date. **Check this date each month.**
- Expires:** The end of the maximum COBRA coverage period.

Removals

SABOR, CINDY B SSN: XXX-XX-3869 DOB:2/2/1962

SABOR, CINDY B

SSN: XXX-XX-3869 DOB: 2/2/1962 Relationship: Employee Type: Beneficiary Event: Termination of Employment

79 ACCACIA STREET

WOLFFORTH MI 35135 USA

[HORIZON DIR ACC][HIGH OPTION/RX]

[SINGLE]

Reason: Expired
Event Date: 8/31/2010
Loss of Coverage: 8/31/2010
Elected: 9/7/2010

Initial Payment: 9/20/2010
Paid Thru: 2/29/2012
Expired: 2/29/2012

Removals are individuals whose COBRA has ended, usually retroactively.

- Reason:** The reason for termination of COBRA is listed here.
- 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 began on the day after the loss of coverage.
- Elected:** The election postmark date.
- Initial Payment:** The initial payment postmark date.
- Paid Thru:** **The participant's paid-through date and the date on which COBRA coverage ended.**
- Payment Due:** 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.infinisource.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.infinisource.com behind the client login, under the *Resources* tab and *Forms and Letters*.

Infinisource 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 Infinisource.

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