

Premium Remittance Report

Premium Remittance Report

Explanation: 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.

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

Delivery: Report via Download Center; Check via ACH

INFINISOURCE Premium Remittance Report

For Premiums Deposited: 1/1/2012 to 1/31/2012
Account: MARIE'S SYSTEMS [9AXXXX]
Produced: March, 06 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 | \$4,225.17 | Amount Remitted | \$4,168.76 |
|----------------------|--------------------|-------------------|------------------------|-------------------|

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 2% COBRA administrative upcharge.

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



Premium Remittance Report



Premium Remittance

INFINISOURCE

For Premiums Deposited: 1/1/2012 to 1/31/2012

Account: MARIE'S SYSTEMS [9AXXXX]

| Carrier/Plan/Payor | Period | Premium | Original Amt Due | Amount Paid | Amount Remitted |
|---|--------------------------|----------|------------------|-----------------|-----------------|
| CIGNA HEALTHCARE [C037] | | | | | |
| CIGNA CHOICE HDHP/HSA [EMPLOYEE] | | | | | |
| FRANCIS SMITH [XXX-XX-1717] | 12/01/2011 to 12/31/2011 | \$345.02 | \$345.02 | \$345.02 | \$338.25 |
| FRANCIS SMITH [XXX-XX-1717] | 01/01/2012 to 01/31/2012 | \$345.02 | \$345.02 | \$345.02 | \$338.25 |
| Subtotal for plan: CIGNA CHOICE HDHP/HSA [EMPLOYEE] | | | | \$690.04 | \$676.50 |

EYEMED [E034]

EYEMED VIS [EMP]

| | | | | | |
|-------------------------------------|--------------------------|--------|--------|----------------|----------------|
| RICCI FINNOBIA [XXX-XX-7221] | 01/01/2012 to 01/31/2012 | \$5.55 | \$5.55 | \$5.55 | \$5.44 |
| ARLENE GOMEZ [XXX-XX-1212] | 12/01/2011 to 12/31/2011 | \$5.55 | \$5.55 | \$5.55 | \$5.44 |
| Subtotal for plan: EYEMED VIS [EMP] | | | | \$11.10 | \$10.88 |

EYEMED VIS [EMP+1]

| | | | | | |
|---------------------------------------|--------------------------|---------|---------|----------------|----------------|
| ANDJELIJA HALIGERAN [XXX-XX-7971] | 01/01/2012 to 01/31/2012 | \$10.57 | \$10.57 | \$10.57 | \$10.36 |
| Subtotal for plan: EYEMED VIS [EMP+1] | | | | \$10.57 | \$10.36 |

EYEMED VIS [EMP+2]

| | | | | | |
|---------------------------------------|--------------------------|---------|--------|----------------|----------------|
| ALEJANDRA BUSONI [XXX-XX-4393] | 01/01/2012 to 01/31/2012 | \$15.50 | \$0.00 | \$15.50 | \$15.50 |
| Subtotal for plan: EYEMED VIS [EMP+2] | | | | \$15.50 | \$15.50 |

EYEMED VIS [FAMILY]

| | | | | | |
|--|--------------------------|---------|---------|----------------|----------------|
| MONTRAIL ERATH [XXX-XX-9233] | 11/01/2011 to 11/30/2011 | \$15.50 | \$15.20 | \$15.20 | \$14.90 |
| MONTRAIL ERATH [XXX-XX-9233] | 12/01/2011 to 12/31/2011 | \$15.50 | \$15.20 | \$15.20 | \$14.90 |
| Subtotal for plan: EYEMED VIS [FAMILY] | | | | \$30.40 | \$29.80 |

Subtotal for carrier: EYEMED [E034]

KAISER [K001]

KAISER HMO GA [EMP+SP]

| | | | | | |
|---|--------------------------|----------|----------|-----------------|-----------------|
| ANDJELIJA HALIGERAN [XXX-XX-7971] | 01/01/2012 to 01/31/2012 | \$713.82 | \$713.82 | \$713.82 | \$699.82 |
| Subtotal for plan: KAISER HMO GA [EMP+SP] | | | | \$713.82 | \$699.82 |

Subtotal for carrier: KAISER [K001]

Grand totals: \$4,225.17 \$4,168.76

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% or 150% of the applicable premium).

Original Amt Due:

This is the amount due from the participant.

Amount Paid:

This is 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:

This is the amount sent to the employer or carrier, after Infinisource has reduced the 2% (based on the full COBRA premium).