

Voucher Premium Invoice



Voucher Premium Invoice (VPI) Report

Explanation: There are situations when you subsidize 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 they are received by Infinisource.

This report (invoice) will show the two (2) percent fee owed to Infinisource for premiums and/or subsidies accepted by your company. Generally, these amounts are very minor.

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

Delivery: Secure Download Center

 Voucher Premium Statement for Vouchers entered 11/1/2011 - 11/30/2011 Account: D. MARIE'S SYSTEMS (SAXXXX)

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 Infinisource, Inc. after the Premium Collection Service effective date. As outlined in the Premium Collection Guidelines, the 2% COBRA administrative fee is payable to Infinisource for all COBRA premiums following your effective date whether or not received by Infinisource.

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

Thank you.

Period:	Plan:	Allocated:	Amt Due:
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 NTRWK 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 NTRWK ONLY MED FAMILY	\$740.32	\$14.52
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ALEJANDRA BUSONI (XXX-XX-4393)	12/01/2011 - 12/31/2011 CIGNA NTRWK ONLY MED FAMILY	\$740.32	\$14.52
Grand total:		\$3,197.64	\$62.72

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

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

Statement Only - Do Not Pay Voucher Premium Amount: **\$62.72**

This shows the two (2) percent fee owed to Infinisource for premiums accepted by your company or records subsidized per your request.

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).