

## Elect Online

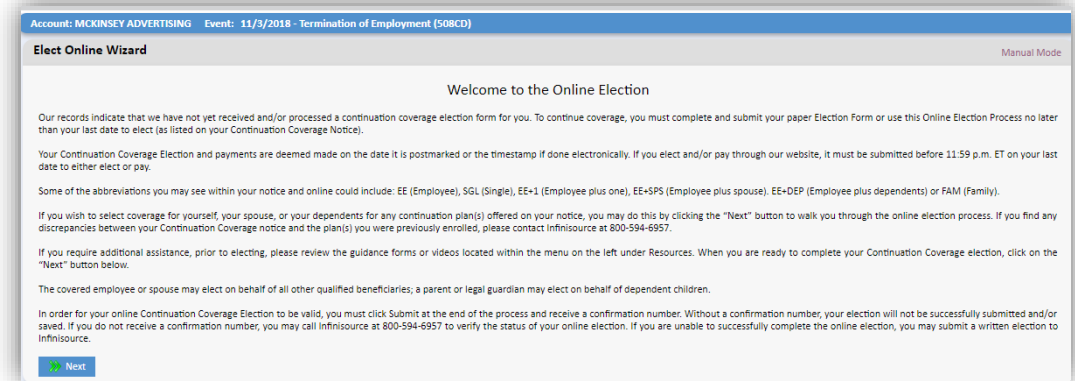
This section allows you to elect your continuation coverage online if you are still within your time frame to elect.



To elect your continuation coverage online, click **Elect Online** on the left menu.

Please review information regarding making your online election. Click on "Next".

You will need to review the isolved Benefit Services Terms and Conditions and click **Agree** to continue with your online election of your continuation coverage.



Alternatively, you may submit a written election to isolved Benefit Services in paper form (available at no charge) by completing the COBRA Continuation Coverage Election Form included in the Notice of Your Continuation Coverage. A copy of that notice is available within this online portal for your review, under Notices in the navigation bar.

**In order for your online Continuation Coverage Election to be valid, you must click **Submit** at the end of the process and receive a confirmation number. Without a confirmation number, your election will not be successfully submitted and/or saved.** If you do not receive a confirmation number, you may call isolved Benefit Services at 800-594-6957 to verify the status of your online election. If you are unable to successfully complete the online election, you may submit a written election, as described above.

**Elect Online Wizard** Manual Mode

**COBRA ELECTION WIDGET**

You are about to complete your Continuation Coverage election online. Alternatively, you may submit a written election in paper form, to Infnisource, which is available at no charge. To complete a written election, you should complete the COBRA Continuation Coverage Election Form, which is included in the Notice of Your Continuation Coverage. A copy of that notice is available within this online portal for your review, under "Notices" in the navigation bar.

In order for your online Continuation Coverage election to be valid, you must click Submit at the end of the process and receive a confirmation number. Without a confirmation number, your election will not be successfully submitted and/or saved. If you do not receive a confirmation number, you may call Infnisource at 800-594-6957 to verify the status of your online election. If you are unable to successfully complete the online election, you may submit a written election, as described above.

By submitting your online election, you hereby grant permission and authorization for Infnisource to sign a version of your election form on your behalf or to provide information identifying the user who submitted this election as well as the date and time submitted, to the extent and solely to the extent necessary to satisfy any requirements of the insurance company. If your insurance company requires a signature, you hereby agree to provide one upon request and you hereby agree that reinstatement of coverage may be delayed until you provide such signature. If your insurance company requires you to complete a new enrollment form for continuation coverage, completion and submission of such forms are solely your responsibility.

I/we understand that COBRA continuation coverage may be retroactively terminated if any facts on this election form or the original plan enrollment form are misrepresented. I/we apply for COBRA continuation coverage for myself and/or the individuals listed above. All retroactive payments for coverage are due in full within 45 days of the election date. Payment is not required now; however, coverage will not be reinstated until after payment is received. The timeframe for reinstatement of coverage often depends upon the insurance company.

The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

Agree  Cancel

You must click "Agree" to continue. If you click "Cancel", no election will be submitted.

The covered employee or spouse may elect on behalf of all other qualified beneficiaries; a parent or legal guardian may elect on behalf of dependent children.

You must click **Agree** to continue. If you click **Cancel**, no election will be submitted.

You will be able to view all of the coverages you were offered on the Notice of Your Continuation Coverage. You may see multiple options for the coverages due to different option levels available.

For example, you may see a medical plan listed with both family and single options. You have individual elections rights; therefore you need to determine which option level (family, single or none) you would like to elect. If you do not see the option level you think should be available (for example, employee plus spouse), please contact our office at 800-594-6957 and we can assist with reviewing your options and making them available to you to elect online. You can cancel your election during any step.

**Elect Online Wizard** Manual Mode

Please follow these steps to complete your COBRA online election.

We show the following individuals eligible for continuation coverage:

Name	Event Date	
KELLY DRIVAISUS	11/3/2018	
NKECHUNYI DRIVAISUS W	11/3/2018	

If you do not see someone listed above, who will be electing coverage, please click "add COBRA participant" here to add their demographic information including Soc. Sec. #, DOB & address (if different than yours). Once all the COBRA participants have been added, click on "Confirm".

The first screen is where you add any COBRA Participants that are not shown and will be electing continuation coverage. Click **+Add COBRA Participant** to add additional family members for the plan. Add their information in the form. You must include date of birth and Social Security Number. Review address, if it is different than yours, update the address. Nothing is required if the address is correct.

**Elect Online Wizard** Manual Mode

First Name:  Initial:

Last Name:

Relationship:  Gender:

DOB:  SSN:  Format: 123-45-6789

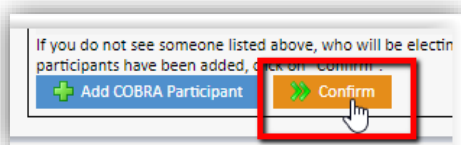
Phone:  Format: 123-456-7890 eMail:  kelly@test.com

Address1:  3314 LINDEN DR

Country:  United States of America City:  AMALIA

State:  New York Zip Code:  32072

Once all the data is entered, click "OK" to continue. Click **+Add COBRA Participant** until all COBRA participants have been added and you can see all of them listed.



Once you have added all COBRA Participants, please click on "Confirm" to continue to the next step.

The next several screens will provide you with each coverage that you were offered to continue on your Continuation Coverage Election Notice. Select the option and participants (individuals) to continue that coverage.

Make sure to select the option level (e.g. Single, Family) and participants (check boxes by participant names) for each plan you are electing. You may select "None" if you are not continuing a coverage. You will click "Next" after each coverage has been completed.

**Elect Online Wizard** Manual Mode

**Offered Coverage: ANTHEM DENTAL OPT 1**

Last day to elect: 6/30/2019  
Coverage start date: 11/4/2018

Select one of the levels under Option

OPTION	PREMIUM
<input type="radio"/> NONE	
<input checked="" type="radio"/> EE ONLY	\$27.13
<input type="radio"/> EE+SPOUSE	\$55.00

Once you have selected your option level, then select the members continuing with this coverage below.

Select all of the covered members for this plan.

COVERED MEMBERS

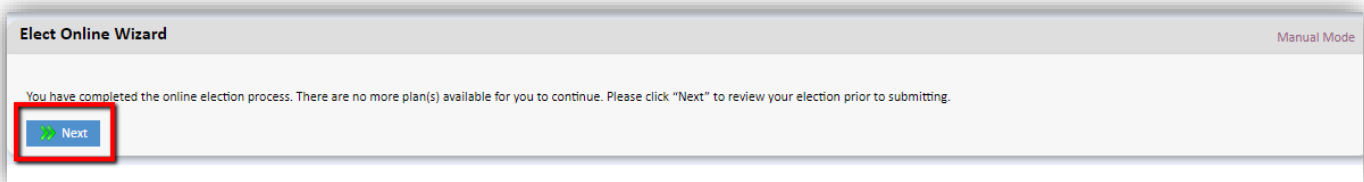
KELLY DRIVAIUSUS  
 NKECHUNYI DRIVAIUSUS W

Once you have completed both sections for this coverage, click "Next" to continue to your next available coverage. You must review all coverages offered to complete the process.

Check everyone within the option box that is electing that coverage. For example, if you elect the UHC Medical PPO EE+Spouse, check the box next to your name and your family member's name(s).

**Note:** Once you have gone outside your time frame to elect, you will not be able to elect online or via mailed election form.

You will select the “Option” level and “Covered Members” for all coverages listed on your continuation coverage notice. If you need to go back to the prior page, click on “Previous Page”. Once you have selected all coverages, (e.g. medical, dental, vision, etc.), you will see that your election has been processed, but you must click on **“Next” to review your election before it is submitted to isolved Benefit Services.**



The next page is a preview of your election. It **has not been submitted to isolved Benefit Services**. Please review your selections. If you need to make any changes, you may click on “Previous Page”. You can print your election from this page as well (however, you will also receive a confirmation of your election once you have completed the process). If everything is correct, please click on **“SAVE”**. **Your election will not be processed until you click on “SAVE” and then on “SUBMIT”.**

If your former employer is “subsidizing” your COBRA by paying for a portion (e.g. 80% or your premium) you will see that amount, either a percent or a fixed amount, with the start and end date of the subsidy within the last screen.

Example of subsidized COBRA:

DELTA DENTAL DENTAL ENHANCED						
Option level	Premium	Covered Members				
SINGLE	\$37.81	MARGARET E O'BYRNE				
Active Subsidies:						
Start Date	End Date	Plan Code	Coverage Code	Option Code	Type	Amount
6/1/2020	12/31/2020	DELTA DENTAL	DENTAL ENHANCED	SINGLE	PERCENT	80.00%

If you do not see anything under “Active Subsidies” then we do not have anything on file for a subsidy for your event. If you feel this is incorrect, please contact our office for assistance. You must click on **“SUBMIT”** to complete your election submission to isolved Benefit Services. If you click on the red “X” in the corner or “Close” you can still make changes to your election as nothing has been submitted to isolved Benefit Services.

**VSP VISION**

Option level SINGLE	Premium \$10.42	Covered Members MARGARET E O'BYRNE
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Active Subsidies:

Start Date	End Date	Plan Code	Coverage Code	Option Code	Type	Amount
6/1/2020	12/31/2020	VSP	VISION	SINGLE	PERCENT	80.00%

Previous Page   Cancel Election   Print   Save

**Submit Elected Plans**

In order of your coverage to be continued, the above premiums must be paid. You have the option of making your payment online or you can send payments via USPS. If the above information is correct, please click "SUBMIT" and the election process will be completed.

If you would like a copy of this election, please click on Print

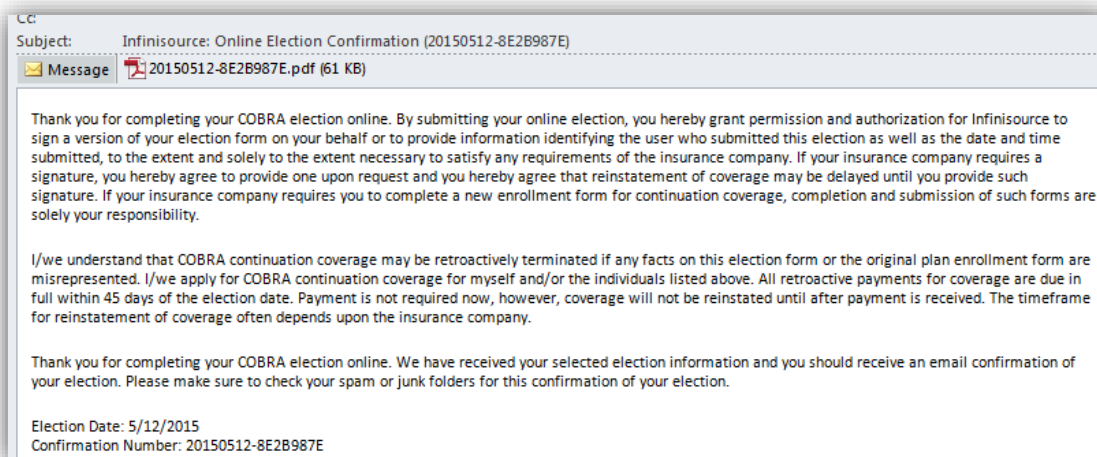
Print   **Submit**   Close

You can click **Cancel Election** at any time to discontinue the election process.

Once you click **Submit**, your election process has been completed and you will see your election Confirmation Number along with your election details with the summary of all the participants and coverages that you have selected to continue on the coverage. If you see any errors after submitting your information, please contact our Customer Support Team at 800-594-6957.

There is important information listed here regarding your reinstatement of coverage, paying for continuation coverage and invoicing. Please review this information.

Once you have submitted your election online, you will receive a confirmation to the email address you provided in your profile. Please retain this email for your records of the online election you submitted to **isolved Benefit Services**. This will also include a confirmation number of your online election and a copy of your election for your records.



**isolved**  
Benefit Services

## Online Election Confirmation

Employee: JAMIE LUTZ	Event Date: 12/31/2014
Election Date: 5/12/2015 6:33 PM	Loss of Coverage Date: 12/31/2014
Entered By: lutz@test.com	Confirmation No: 20150512-8E2B987E

**SELF FUNDED VISION SGL** **\$2.49**

**JAMIE LUTZ**

Address	101 NW 108 TERRACE SUITE 202	Relationship	Dependent
City	ALLEDALE	Phone	
State	WI	DOB	
Zip Code	96766	SSN	
Country	USA	Email	mar no@test.com

Additionally, you will receive a welcome letter via email with details about your continuation coverage.

Welcome Letter email:

Cc: Infinisource: Welcome COBRA

Subject: Infinisource: Welcome COBRA

Message Welcome Letter.pdf (68 KB)

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You have recently completed your COBRA election online. Attached is your Welcome Letter that provides important information regarding your Continuation Coverage. Please retain the attached letter for future reference and to avoid unwanted cancellation of your health plan coverage.

Our Customer Service Representatives are available by phone Monday through Thursday from 8:00 a.m. to 8:00 p.m. Eastern Time, and on Friday from 8:00 a.m. to 6:00 p.m. Eastern Time. Our toll free number is 800-594-6957. When calling, please have your Infinisource notices and invoices available for reference.

ERIK LIOMONE  
7584 B LEXINGTON CLUB BLVD  
HATILLO NE 04043 USA

Dear Erik Liomone:

**Please read this letter carefully and retain it for future reference to avoid unwanted cancellation of your health plan coverage.**

Infinisource is a benefits administrator and is the party responsible for handling your COBRA/State Continuation election and payments. This letter confirms that we have established a record for your continuation coverage and contains important information about our procedures. Please read this letter carefully and retain it for future reference to avoid unwanted cancellation of your health plan coverage.

You can view what you have elected by returning to the Elected Plans tab.

Elected Plans										
[LHC] [MEDICAL PPO QL2] [EE+SPOUSE]										
Participants										
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received	
NORMAN ADASUT	INACTIVE	1/2/2015	1/31/2015	3/4/2015		7/31/2016			3/4/2015	
MARY BETH ADASUT	INACTIVE	1/2/2015	1/31/2015	3/4/2015		7/31/2016			3/4/2015	
[METLIFE] [DENTAL] [EE+SPOUSE]										
Participants										
Name	Status	Event Date	Loss Of Coverage	Elected	Enrolled	Expires	Removed	Removal Reason	Received	
NORMAN ADASUT	INACTIVE	1/2/2015	1/31/2015	3/4/2015		7/31/2016			3/4/2015	
MARY BETH ADASUT	INACTIVE	1/2/2015	1/31/2015	3/4/2015		7/31/2016			3/4/2015	

**Note:** isolved Benefit Services is a benefits administrator and is the party responsible for handling your COBRA/State Continuation election and payments. Once you make a timely payment, your coverage will be reinstated retroactive to your *Loss of Coverage* date. If you do not pay, any expenses you incur after the loss of coverage date will become your financial responsibility.

**The time frame for reinstatement of coverage often depends upon the insurance company. To confirm your coverage status, please call the insurance company directly.**

### **Paying for continuation coverage**

Once you elect, continuation coverage must be paid for from the loss of coverage date forward, in consecutive monthly increments. All retroactive payments for coverage are due in full within 45 days of the election date. For monthly payments following your date of election, the premium is due in full on the day due each month. Each monthly coverage period has a grace period of at least 30 days. Payments postmarked after any grace period ends (either the 45-day grace period or a monthly 30-day grace period) are considered late and will not be accepted.

### **Additional Coverage after Election Processed**

If you need to add another coverage or additional participants that you did not initially elect during your online election, you will need to elect via a different method, i.e. mail or email. You must be within your original Last Date to Elect listed on your notice to make changes to your election, unless you have occurred a Special Enrollment Period. Please review your Continuation Coverage Election Notice for information on Special Enrollment Periods.

### **Beneficiaries**

This lists all beneficiaries we have in our system. It will also show the offered coverages that were listed on your Qualifying Event notice.

### **Contact information**

This will show you the current address, phone and email address we have on file for you. Please make sure your email address is listed within this section so you will receive notifications (only applicable if you sign up for recurring or monthly payments).

### **Make a monthly payment**

This section provides an overview of each pay schedule that you are invoiced and when payment was received for the coverage. This is an important area if you want confirmation of payment being received at isolved Benefit Services. You are not able to make an online payment until an invoice has been processed for your continuation coverage.

### **Make a recurring payment online**

To setup recurring payments, click **Setup Recurring Payments** instead of choosing an invoiced period. This will take you to a page to enroll and set up your banking information. You are not able to set up a recurring payment until your COBRA payments are current. All recurring payments will begin on the first due date after setting up the payments online. You are not able to make any online payment until an invoice has been processed for your continuation coverage.

Once recurring payments are set up an invoice will no longer be sent via mail or email, but they can be viewed within the Online Portal under the invoices tab.

### Paymentus Customer Dashboard

Here you can view scheduled payments and any payments that have been pulled from your checking or savings account.

### Cancel recurring payments

Here you can cancel your recurring payments that you have scheduled.

### Invoices

You may view your invoices from this section by clicking **Download**. You can set up to receive your invoices via email once you have elected. Please review our guide on steps to take to set up your account for paperless invoices.

### Payment help

Find documents to assist you with making online payments with isolved Benefit Services.

### Payments

This offers you a view of all payments received by isolved Benefit Services. It will provide information on payment type, check number, how much was paid and allocated, if there was any refund, the post mark date on the payment, when it was received by isolved Benefit Services and deposited.