



## Infinisource Service Set Up Forms

Attached are the Infinisource Service Setup Forms. These forms will be reviewed during your initial service implementation call.

Please complete and return these forms along with the signed Infinisource Service Agreement, or be ready to review them during your initial call.

Please return together:

1. Infinisource Service Agreement
2. Business Associate Agreement
3. Banking Forms
4. Infinisource Service Implementation Forms (or be ready to review them during implementation)

Employer Legal Name:	
<b>Notices</b>	
The information provided below will be used to generate the COBRA notices for your company.	
1. Unless otherwise stated, the legal group health plan name will be listed as follows: "Group health plan(s) sponsored by {Legal Name}"	
2. Are there locations or insured employees who reside in California? <small>** If not answered or both are answered, Infinisource will include California state inserts in all applicable notices</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>**If no, move to question 3</small>
a. Is the group health plan fully insured or self insured?	<input type="checkbox"/> Fully insured <input type="checkbox"/> Self-insured
b. Is the group health plan written in the state of California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Are 51% or more of your employees and the principal place of business located in California?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your company sponsor any group health plan insurance or HMO contract(s) written in the state of Illinois?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your company offer an HMO health plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>COBRA Activity</b>	
1. How will you be reporting New Enrollees/General Notices and Qualifying Events? (please select one of the following) <input type="checkbox"/> File Feed (EDT/EDI) – please note, file feed builds can take up to 8-12 weeks <input type="checkbox"/> Direct Entry via COBRA Online Portal <input type="checkbox"/> iSolved integration	
2. Is there anyone on your group health plan currently receiving coverage under COBRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is there anyone who has recently been mailed a COBRA event notice and is still within their 60-day COBRA election period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. OBRA of 1989 amended COBRA to allow an employer to choose an optional extension of COBRA time frames. This provision allows employers to calculate the COBRA coverage from the loss of coverage date instead of the qualifying event date. Normally, COBRA coverage is calculated from the event date, often causing COBRA coverage to begin while still covered as an active plan participant or for the COBRA coverage to end in the middle of a month. With your carrier's approval, COBRA coverage can be calculated from the loss of coverage date. COBRA coverage would then expire at the end of the final month of COBRA. <b>NOTE: Always check with your carrier prior to using this rule, and obtain their approval in writing.</b>	
Choose <b>either</b> OBRA of 1989 Rule for coverage period end or Month End Expires Rule for coverage period end:	
<input type="checkbox"/> OBRA of 1989 Rule (COBRA ends 18/29/36 months from loss of coverage);	
<input type="checkbox"/> Month End Expires (COBRA ends last day of 18/29/36 months of COBRA coverage);	
<input type="checkbox"/> Neither (COBRA ends 18/29/36 months from event date). If none selected, this option will be applied.	
5. Infinisource delays the aging of participant records for nonpayment by a variable time period called the mail transit period. This period allows payments which are postmarked within the grace period to reach us before coverage is terminated. This mail transit period is typically between seven and ten calendar days. For shortened mail transit periods, if a valid payment postmarked within the grace period is received after a Removal due to nonpayment has been sent to you, a Reinstatement will be sent requesting that you reinstate the COBRA coverage. Shortened mail transit periods may result in an increase in Reinstatements.	
<ul style="list-style-type: none"> <li>• Do you wish to shorten the mail transit period for any of your plans? <input type="checkbox"/> Yes – Number of Days _____ <input type="checkbox"/> No</li> </ul>	
<small>** If unanswered, Infinisource will use the standard eight (8) days</small>	
<small>(Please note: Infinisource highly recommends that at least three (3) mail transit days be allowed. If you wish to shorten the mail transit period for any of your plans, a <i>Mail Transit Period Change Form</i> will be provided for your signature.)</small>	

**Additional Information**

**The General Notice of COBRA Rights is a required COBRA notice. Notification to participants already covered on the plan is done by a blanket mailing as part of the implementation of the account.**

Infinisource Blanket Mailing Service (a Memorandum of Agreement will be needed for this service and will be provided by the Account Manager setting up your account. This would be an additional charge of \$3.25 per notice with a \$50 minimum.

Do you wish to use our blanket mailing services  Yes  No

**Infinisource offers three options for reporting COBRA elections, terminations and plan changes to carriers. Please choose one option.**

- Infinisource sending the report to the employer or third party contact: The employer or third party will be responsible for communicating reinstatement/removal and plan changes to the carrier. **If a reporting option is not selected, the account will be setup with this option.**
- Infinisource faxes report to the carrier: An authorization form will be required for this option. Carrier direct reporting will be implemented upon receipt of the signed form. Employer will receive copies of the report and should audit the reports and carrier records on a regular basis to confirm all changes were made.
- COBRA Eligibility Management Service: Infinisource will communicate COBRA elections, terminations and plan changes directly to the carriers utilizing the carrier's web portals. Additional fees may apply for this service. The employer will receive reports for auditing purposes, but Infinisource will handle the work. **Please note:** If you choose this option, you must complete the attached Application for Infinisource COBRA Eligibility Management and return it along with the COBRA Setup Forms.

For COBRA Eligibility Management Service (CEMS) we expect to receive access to all carriers within 45 days from our initial contact. After 45 days, if the project is not showing progress, the Infinisource Team will close the project. Closed projects will not receive follow up reminders from the Infinisource Team. We will begin billing upon receipt of the first carrier's credentials.

**Coverage Information**

Indicate the types of health plans offered by your company:

<input type="checkbox"/> Medical	<input type="checkbox"/> Health FSA
<input type="checkbox"/> Dental	<input type="checkbox"/> Health Reimbursement Arrangement (HRA)
<input type="checkbox"/> Vision	<input type="checkbox"/> Employee Assistance Plan (EAP)
<input type="checkbox"/> Wellness Program	<input type="checkbox"/> Other

Please complete the coverage information form to include each of these plans.

## Coverage and Plan Information

### Instructions:

Please complete a separate chart for each plan or plan package that is COBRA eligible. Note, the following plan charts need only be completed if you are going to be receiving our Premium Collection service along with your COBRA Administration service.

### Special Note Regarding Health Reimbursement Arrangement (HRA) Premiums:

HRA plans are subject to COBRA and require a COBRA premium. You must offer COBRA even if the HRA has a spend-down provision that allows participants to spend down their unused account balance after termination of employment.

Per COBRA law, the COBRA premium is 102 percent of the total cost of coverage to the plan. Because an HRA is a self-funded group health plan, there are special rules for calculating the total cost of coverage to the plan. These rules are in 26 USC §4980B(f)(4), a copy of which is available from Infinisource. In summary, two options are available:

- **Reasonable Actuarial Estimate:** A reasonable estimate of the cost of providing coverage for such period for similarly situated beneficiaries that is determined on an actuarial basis.
- **Past Cost:** The cost to the plan for similarly situated beneficiaries for the same period occurring during the preceding determination period, adjusted for inflation. This option is not available for new HRAs or HRAs experiencing a significant design change in the current plan year.

Because an HRA has less than a 100 percent utilization rate each year, it is not permissible to simply use the annual contribution as the basis for calculating the HRA COBRA premium. Determining the applicable HRA COBRA premium may require assistance from an accountant, reinsurance carrier or other professional service. Your broker may be able to assist as well. Infinisource clients can access an HRA Premium Calculation Tool located on our website behind your Client Login. Just enter your username and password and look for **HRA COBRA Premium Calculation Tool**.

## COBRA - Coverage and Plan Information

<b>Employer Name:</b>	
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Please complete a separate chart for each plan or plan package that is COBRA eligible. Note, the following plan charts need only be completed if you are going to be receiving our Premium Collection service along with your COBRA Administration service.

Infinisource will calculate the 2% administration fee and send you a confirmation. Do not include the 2% fees in your rates below.

<b>Current Plan Year Start Date:</b>		<b>End Date:</b>	
<b>Carrier Name:</b> (ex, BCBS, Kaiser)			
<b>Plan Name:</b> (ex, Medical, Dental)			
<b>Group No.:</b>			
<b>Plan Options:</b>			
<b>Single/EE Only</b>	\$		
<b>EE+Spouse or EE+1</b>	\$		
<b>EE+Children</b>	\$		
<b>Family</b>	\$		
	\$		
<b>Rate Tables:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Only complete below if COBRA Eligibility Management has been selected.</b>			
<b>Carrier Contact Name:</b>			
<b>Contact Email:</b>			

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**Important:** After your account is established, you will receive a Plans and Rates report listing premiums, including the 2% administration fee. Please review the report carefully to ensure accuracy of rates.

<b>Completed by (please print):</b>		<b>Date:</b>	
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