



COBRA BENEFITS ANNUAL RENEWAL PAPERWORK

It's time to renew your annual COBRA Rates & Plan Specifics

Our records indicate that one or more of your benefit plans, offered through COBRA, are about to expire and your COBRA rates and plan information needs to be reviewed and updated. Please ensure that the following **ACTION ITEMS** are completed prior to the plan(s) benefit renewal.

EMPLOYER RENEWAL CHECKLIST

Please ensure that all COBRA renewal information is received by our office no later than 30 days prior to the Group's renewal in order to notify your COBRA participants timely and to remit the correct premiums to the carriers. Your annual COBRA renewal is not complete until the below items have been completed!

- Complete the enclosed forms to provide new plan year specifics and rates to Rehn & Associates.**
 - If you are replacing old plans with new ones, please check appropriate boxes.
 - Electronic version of this form is available at www.rehnonline.com/COBRAAdministration.aspx.

- The Employer is responsible for sending Open Enrollment materials and/or Benefit Summaries to your COBRA participants regarding benefit changes for this renewal.**
 - Rehn & Associates will only notify COBRA participants of Rate Changes – we do not offer open enrollment packet mailing as part of our standard service.
 - COBRA participants must be provided the new benefit information in the same manner as active employees.
 - For an updated listing, including addresses, of your current COBRA participants, please login to the employer portal and run the QB Detail Report or email us at cobra@rehnonline.com and we can provide you with the report.

- Ensure the Plan Carriers reflect Rehn & Associates as your COBRA Administrator.**
 - Verify that plan carriers will accept enrollment changes and payments from any staff member in our office.
 - Even if you have not changed carriers, please reach out to ensure that their records did not change during your benefit renewal.

- Please notify your carrier that monthly invoice billings for COBRA participants should be mailed directly to Rehn & Associates if we are paying the carrier directly.**

Mailing Address:

Rehn & Associates
Attn: COBRA Department
PO Box 5433
Spokane, WA 99205

Contact Information:

Email: cobra@rehnonline.com
Phone: (509) 534-0600
Toll Free: (800) 872-8979
Fax: (509) 535-7883 Attn COBRA

If you have any questions, please feel free to contact our office.



COBRA Insurance Group Plan Premium Information

Phone: (509) 534-0600 ~ (800) 872-8979

Email: cobra@rehnonline.com

Please complete one form for EACH Benefit Plan offered (i.e. MEDICAL, DENTAL, VISION, ETC.)

EMPLOYER INFORMATION

Plan Renewal Effective Date _____ Employer / Organization Name _____ Employer EIN _____

Employer / Organization Mailing Address _____ City _____ State _____ Zip _____

Employer Contact Name _____ Contact Phone # _____ Contact Email Address _____

RENEWAL INFORMATION

This renewal is: A Current COBRA Plan Renewal
 New Plan - Add this Plan to existing plans from previous year
 New Plan - Replacing Plan _____ List old plan name to be removed.

INSURANCE CARRIER INFORMATION

Insurance Carrier Name _____ Policy # _____ COBRA Sub Group # _____

Remit payment to: Remit to Employer to pay the Carrier
 Rehn to pay the Carrier directly



If "Rehn to pay the Carrier directly" is selected, Employer must verify that the Insurance carrier will send detailed invoices via mail directly to the Rehn & Associates as well as will accept payments from a TPA. Additionally, you must request billing for COBRA members be directed to Rehn & Associates. If they will not submit a detailed invoice via mail to our office, you must select "Remit to Employer to pay the Carrier".

Payment Mailing Address _____ City _____ State _____ Zip _____

Membership/Billing Contact Name _____ Membership/Billing Contact Email Address _____

Is your group a member of a multiple employer trust or association for insurance? * Yes No

Common Trust/Associations: Optiflex, WTIA, MBA (note: we cannot provide COBRA administration for plans administered through EPK Associates).

* If YES, Trust/Association Name: _____

Is your plan Self Insured? Yes No If yes, please contact our office regarding payment options.

FORM COMPLETED BY

Name _____ Title _____ Date _____

Employer / Organization _____ Email _____

Rehn & Associates is not contracted to send open enrollment information to COBRA participants. It is the employer's responsibility to notify COBRA participants of any plan changes. Rehn & Associates will provide a list of active COBRA participants upon request submitted to cobra@rehnonline.com.

RATE STRUCTURE

Employer / Organization Name

Renewal Date

Plan Name

Plan Type (PPO, HSA, HDHP, etc.)

The plan name listed above will be viewable to any participants receiving a COBRA Specific Rights Notice letter. Please make sure it is named accordingly!

PLEASE NOTE:

- List the Total Rate charged by the Insurance Carrier. Not the Employee portion or Employer portion.
- Rates must include all applicable taxes, ACA & Plan Fees
- Do not include Life, Disability (LTD/STD) or Supplemental Insurance
- Do not include the 2% COBRA Administration Fee
- If Age Banded Rated – please move to next section

TIERED RATES

Employee Only	\$	
Employee & Spouse	\$	
Employee & Child	\$	
Employee & Children	\$	
Employee, Spouse & Child	\$	
Employee, Spouse & Children	\$	
Spouse Only	\$	
Child Only	\$	
Children Only	\$	

AGE BANDED (COMPOSITE) RATES

For Age Banded matrix plans, please attach a copy of the premium information from your Insurance Carrier.

Age 20 and Under	\$	
Age 21 and Over	\$	

Other (Example – Pediatric Dental) – Please Explain:



Rehn & Associates COBRA Department
 Phone: (509) 534-0600 ~ (800) 872-8979
 COBRA Team Email Address: cobra@rehnonline.com