COBRA Premium Rates & Information (Pg 1 of 2)

Email: cobra@rehnonline.com | Direct: (509) 534-0600 Option 1 | Toll Free: (800) 872-8979 Option 1 Forms also available at www.rehnonline.com/COBRA administration



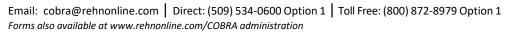
EMPLOYER DEMOGRAPHICS										
Employer / Organization Name		Employer EIN	Effection	Effective Date of this Request						
Employer / Organization Mailing Address		City	State	Zip						
Employer Contact Name	Contact Phone #	Contact Email Addres	Contact Email Address							
	BROKERAGE D	EMOGRAPHICS								
Broker Name	Broker Email		Broker Phone							

IMPORTANT INFORMATION REGARDING SUBMISSION

- The following carriers/plans are excluded from the "Pay to Carrier" option. Should you utilize any of these carriers, those carrier payments will be automatically set up to the "Pay the Employer" option.
 - Vimly Benefit Solutions administered plans (Such as WTIA, AWB, BHT, Optiflex, etc)
 - Vision Service Plan (VSP) plans
 - Principal Insurance plans
 - United Healthcare Solutions (UHC) plans
 - Cigna plans
- ✓ Rehn & Associates cannot administer COBRA plans administered through EPK & Associates, Inc.
- ✓ Annual Renewal Rate updates are required and should be sent at least 30 days prior to the group's renewal date.
- ✓ Please ensure all Carriers have Rehn & Associates listed as a contact and as your COBRA Administrator.
- ✓ Life Benefits and Disability/Supplemental premiums are NOT COBRA eligible and should not be included in rates.
- Changes made via this document to your COBRA platform will automatically generate notifications to any eligible COBRA members (enrolled or within their waiting period).
- ✓ Rehn & Associates DOES NOT send open enrollment materials to COBRA participants.
- ✓ A list of eligible COBRA participants is available via the Broker/Employer Portal at cobra.rehnonline.com
- ✓ Information provided must be complete and not be left up to interpretation. Incomplete forms will be returned.

ACKI	NOWLEDGEMENT OF UNDER	RSTANDING
	mation shall not constitute grounds for liabil	ess of all information submitted to Rehn & Associates. Any lity on the part of Rehn & Associates. By checking the box
Sianature	Print	Date

COBRA Premium Rates & Information (Pg 2 of 2)





	PLEASE COMPLETE ONE SHEET FOR EACH PLAN OFFERED													
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Employer / Organ	ization N	lame												
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								PLAN E	BUND	LE				
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		N	o, thi	s plan	is not	part of	a Plan E	Bundle						
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PLAN														_
CARRIER	Plan Nar		ier Name						ce Policy #			Type (HMO/PPO/HDHP/ RA Subgroup # (Only app	_	arrier directly.)
	Carrier I	Membei	ership/Enrolli	ment Conta	ct Name			Carrier	Membership	/Enrollment Contact E	Email			
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Option 2 Pick one:	→	• <i>Is</i> :	<i>this p</i> REQUI	lan RED - RED -	COBRA COBRA	Fully In subgrou Sub-Gro	e sured up # is se oup invoi	t up with ces are re	Self- Carrie	er address Insured r as a separ d to be mail ox 5433, Spo	rate Carrier led to			
COMMENT	rs													
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Brokerage Name / Business Name