

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	Effective Date of this Request
Employer / Organization Mailing Address	City	State Zip
Employer Contact Name	Contact Phone #	Contact Email Address

BROKERAGE DEMOGRAPHICS

Broker Name	Broker Email	Broker Phone
Brokerage Firm	City	State Zip

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.

ACKNOWLEDGEMENT OF UNDERSTANDING

The Client and their Representative(s) are responsible for ensuring the accuracy and timeliness of all information submitted to Rehn & Associates. Any discrepancies or omissions in the provided information shall not constitute grounds for liability on the part of Rehn & Associates. By checking the box below, I acknowledge that I have read and understand the above items:

☐

Signature

Print

Date

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PLEASE COMPLETE ONE SHEET FOR EACH PLAN OFFERED

Please check one: ☐ MED ☐ DEN ☐ VIS ☐ OTHER

Employer / Organization Name _____

- This is a: ☐ Current COBRA Plan Renewal with NO changes (plan name and policy # is the same as previous plan year)
☐ New Plan being added to the Current Plan offerings
☐ New Plan Offering that is Replacing Old Plan

PLAN BUNDLE

A Bundled Plan combines multiple types of benefits into a single offering at one amount. (Example: "if you take Dental, you also MUST take Medical" and those two benefits have one combined rate) Is this healthcare benefit part of a Bundle?

- ☐ Yes, this plan is Bundled with ☐ MEDICAL ☐ DENTAL ☐ VISION
☐ No, this plan is not part of a Plan Bundle

PLAN AND RATE INFORMATION

PLAN

Plan Name _____

Rate Effective Date _____

Plan Type (HMO/PPO/HDHP/HSA/etc) _____

CARRIER

Insurance Carrier Name _____

Insurance Policy # _____

COBRA Subgroup # (Only applicable if Paying the Carrier directly.) _____

Carrier Membership/Enrollment Contact Name _____

Carrier Membership/Enrollment Contact Email _____

RATES

Please attach the **Carrier Renewal Confirmation Letter / Carrier Renewal Notice.**

No estimated quote proposals will be accepted.

Disclaimer: Rehn & Associates shall not be held liable for any premiums paid incorrectly, whether due to reliance on the most recent rate information provided by the Client or their Representative, or the absence thereof.

PAYMENT REMITTANCE

Option 1 ☐ **Remit Payment to Employer** (Payment sent to Employer address on file)

- If Carrier is VSP, Principal, UHC, Cigna, or if plan is administered by Vimly Benefit Solutions (must choose this option)

Option 2 ☐ **Remit Payment to Carrier** (Payment sent to Carrier address on file)

Pick one: ➡ **Is this plan...** ☐ **Fully Insured** ☐ **Self-Insured**

- REQUIRED - COBRA subgroup # is set up with Carrier as a separate Carrier Invoice
- REQUIRED - COBRA Sub-Group invoices are required to be mailed to
Rehn & Associates COBRA Dept, P O Box 5433, Spokane WA 99205

COMMENTS

FORM COMPLETED BY

BROKER

CLIENT

Name _____

Title _____

Date _____

Brokerage Name / Business Name _____

Email _____

Please send completed forms and backup documentation to the COBRA team at cobra@rehnonline.com for processing.

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