Thank you for choosing BASIC for your COBRA Administration!

Please read the information below before you proceed with implementation.

To provide you with the highest quality service, all information will need to be received at least 14 days prior to the effective date with BASIC.

COBRA Setup Packet Instructions:

Note: Free online PDF Editor- will allow you to fill in fields and save to your computer.

- Free online PDF Editor
  - www.pdfescape.com
    - Click on start now (no need to register)
    - Click on Start, Using Unregistered
    - Following on screen instructions
    - Once completed click on save & download

Step 1: **Information required for setup:**

Included in this packet

1) Client Information Form
2) COBRA Start up Information form (2 pages)
3) COBRA Carrier Information Form (one needed for each policy)
4) COBRA CCP Form(only needed if anyone currently on COBRA)

Additional items to be completed – sent separately

5) COBRA Administration agreement
6) Business Associates agreement

If you have an HRA, you will need to complete one (1) COBRA Carrier Information Form for each HRA benefit. Please indicate what policy the HRA is linked to in the field regarding plan name during open enrollment.

Step 2: Submitting your forms securely via our secure upload:

- Use the **BASIC Web Portal** for **secure and encrypted delivery** at
  - https://upload.basiconline.com/?los=New
  - Follow the easy directions to deliver your company's set up information in a secure manner.
  - You can upload a maximum of five files at a time.

Events Prior to Contract Date with BASIC

Do Initial Notices need to be provided to current employees?

These are required for all employees or everyone enrolled on health plans prior to the effective date of BASIC COBRA administration. You can do them at no cost by linking to the Department of Labor Sample Notices located http://www.dol.gov/ebsa/modelgeneralnotice.doc or BASIC can create and mail them also for a nominal fee.

Do you have Qualifying Event Notices that need to be sent?

For qualifying events prior to the effective date of BASIC COBRA administration use the Department of Labor Sample Notice located at http://www.dol.gov/ebsa/modelelectionnotice.doc.

If you have any questions, please call (800) 444-1922 ext 3 and a member of our sales support team will be happy to assist you.

Client Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

https://upload.basiconline.com/?los=New

Please type or print all information

COMPANY INFORMATION

Date completed: _____

Legal Company Name: _____

☐ Current Client – information below on file (if any changes please complete/update below)

DBA/AKA: _____

Employees refer to your company as: _____

Website: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address (if different): _____

City, State, Zip: _____

Main Phone: _____ Fax: _____

Please indicate service(s) provided by BASIC.

C - Current service
N - New service

_____ ACA Elevate
_____ COBRA
_____ Dep. Verification
_____ ERISA Essentials
_____ FMLA
_____ FSA
_____ HRA
_____ HSA
_____ Parking
_____ Payroll
_____ Retiree Billing
_____ Wrap SPD

EMPLOYER CONTACT INFORMATION (Please add agent under referral source only)

Executive Name: _____

Title: _____ Phone: _____ Ext: _____

Email Address: _____

Authorized Representative: _____

This is the person contracts will be emailed to for signature

Title: _____ Phone: _____ Ext: _____

Email Address: _____

Required for contracts

HR Manager/Director: _____

Title: _____ Phone: _____ Ext: _____

Email Address: _____

Billing Contact: _____

Title: _____ Phone: _____ Ext: _____

Email Address: _____

REFERRAL SOURCE (How did you hear about BASIC)

Company Name: _____

Contact Name: _____

Email Address: _____

Phone: _____

Start Up Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload to Secure site
https://upload.basiconline.com/?los=New

Please type or print all information

ADMINISTRATION INFORMATION

(COBRA contact needs to be someone from the Employer)

Legal Company Name: _____

COBRA contact person: _____

Title: _____ Email: _____

Phone: _____ Ext: _____ Fax: _____

Proposed Effective Date with BASIC: _____

Number of W-2 employees (include full time & part time): _____

Number of Insured Employees (Required): _____

Do you have anyone on COBRA currently? _____ If yes*, how many _____

**Please complete a Current COBRA Participant Form for each participant-additional fee(s) apply*

Do you offer a Cafeteria Plan with Flexible Spending Accounts? _____

If yes, what is the Plan Year? _____

Do you offer an HRA account (Health Reimbursement Arrangement)? _____

If yes, you will need to complete one insurance form for each HRA Benefit

Is your company required by the state to offer COBRA on Life Insurance*? _____
**Minnesota is the only state required to offer Life Insurance*

If yes, please provide plan name: _____

Have notices that need to be sent with event date prior to Effective Date with BASIC?
See instructions page (1st page) for link to DOL notices.

INSURANCE PLANS

Please list below the number of each type of plan offered to your employees

(Primary Medical Plan(s) that may include Dental, Vision and/or RX, or Stand-alone Dental/Vision)

Number of Primary Medical Plan(s)*offered _____
**that may include Rx, Dental and/or vision*

Number of Stand Alone Dental Plans offered _____

Number of Stand Alone Vision Plans offered _____

Number of Stand Alone Rx Plans offered _____

Number of Other Plans offered _____

Other Plan Name(s) _____

Send Open Enrollment Packets to COBRA participants (additional fees apply):

☐ Yes ☐ No * If yes, BASIC will provide guidelines and fees.

Additional Comments/Special Circumstances:

COBRA
Carrier Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload via our secure site
https://upload.basiconline.com/?los=New

Please type or print all information

INSURANCE INFORMATION

Legal Company Name: _____

Insurance Company Name: _____

State insurance contract was written: _____

Policy number: _____

Is this plan Self-Funded? _____

What do employees call this plan? _____

Effective date of rates: _____ Last day of rates: _____

Type of insurance plan (medical, dental, etc): _____

Are plans bundled? _____

Dependent children are termed on what Birthday: _____ If they are a full time student: ___

Federal Law regulates age 26 for Medical however dental & vision may vary
If left blank BASIC will use age 26.

Note:
Please complete this form once for each insurance policy you have.

Rates *(please enter the monthly rate as shown on your invoice from carrier)*

Please enter all that apply even if no one currently is enrolled in level of coverage:

(Do not include the 2%)

Single _____
2 Person _____
Family _____
Family Continuation _____
EE plus spouse _____
EE plus child(ren) _____
EE plus one _____
EE plus two _____
EE plus three _____
EE plus four + _____

Age Based – Please send in rate sheet with this form

If you do not find your rating structure above please complete Other, give rate amount and description

☐ Other _____

COBRA
Carrier Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload via our secure site
https://upload.basiconline.com/?los=New

Please type or print all information

INSURANCE INFORMATION

Legal Company Name: _____

Insurance Company Name: _____

State insurance contract was written: _____

Policy number: _____

Is this plan Self-Funded? _____

What do employees call this plan? _____

Effective date of rates: _____ Last day of rates: _____

Type of insurance plan (medical, dental, etc): _____

Are plans bundled? _____

Dependent children are termed on what Birthday: _____ If they are a full time student: ___

Federal Law regulates age 26 for Medical however dental & vision may vary
If left blank BASIC will use age 26.

Note:
Please complete this form once for each insurance policy you have.

Rates *(please enter the monthly rate as shown on your invoice from carrier)*

Please enter all that apply even if no one currently is enrolled in level of coverage:

(Do not include the 2%)

Single _____
2 Person _____
Family _____
Family Continuation _____
EE plus spouse _____
EE plus child(ren) _____
EE plus one _____
EE plus two _____
EE plus three _____
EE plus four + _____

Age Based – Please send in rate sheet with this form

If you do not find your rating structure above please complete Other, give rate amount and description

☐ Other _____

COBRA
Carrier Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload via our secure site
https://upload.basiconline.com/?los=New

Please type or print all information

INSURANCE INFORMATION

Legal Company Name: _____

Insurance Company Name: _____

State insurance contract was written: _____

Policy number: _____

Is this plan Self-Funded? _____

What do employees call this plan? _____

Effective date of rates: _____ Last day of rates: _____

Type of insurance plan (medical, dental, etc): _____

Are plans bundled? _____

Dependent children are termed on what Birthday: _____ If they are a full time student: ___

Federal Law regulates age 26 for Medical however dental & vision may vary
If left blank BASIC will use age 26.

Note:
Please complete this form once for each insurance policy you have.

Rates *(please enter the monthly rate as shown on your invoice from carrier)*

Please enter all that apply even if no one currently is enrolled in level of coverage:

(Do not include the 2%)

Single _____
2 Person _____
Family _____
Family Continuation _____
EE plus spouse _____
EE plus child(ren) _____
EE plus one _____
EE plus two _____
EE plus three _____
EE plus four + _____

Age Based – Please send in rate sheet with this form

If you do not find your rating structure above please complete Other, give rate amount and description

☐ Other _____

COBRA
Carrier Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload via our secure site
https://upload.basiconline.com/?los=New

Please type or print all information

INSURANCE INFORMATION

Legal Company Name: _____

Insurance Company Name: _____

State insurance contract was written: _____

Policy number: _____

Is this plan Self-Funded? _____

What do employees call this plan? _____

Effective date of rates: _____ Last day of rates: _____

Type of insurance plan (medical, dental, etc): _____

Are plans bundled? _____

Dependent children are termed on what Birthday: _____ If they are a full time student: ___

Federal Law regulates age 26 for Medical however dental & vision may vary
If left blank BASIC will use age 26.

Note:
Please complete this form once for each insurance policy you have.

Rates *(please enter the monthly rate as shown on your invoice from carrier)*

Please enter all that apply even if no one currently is enrolled in level of coverage:

(Do not include the 2%)

Single _____
2 Person _____
Family _____
Family Continuation _____
EE plus spouse _____
EE plus child(ren) _____
EE plus one _____
EE plus two _____
EE plus three _____
EE plus four + _____

Age Based – Please send in rate sheet with this form

If you do not find your rating structure above please complete Other, give rate amount and description

☐ Other _____

COBRA
Carrier Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload via our secure site
https://upload.basiconline.com/?los=New

Please type or print all information

INSURANCE INFORMATION

Legal Company Name: _____

Insurance Company Name: _____

State insurance contract was written: _____

Policy number: _____

Is this plan Self-Funded? _____

What do employees call this plan? _____

Effective date of rates: _____ Last day of rates: _____

Type of insurance plan (medical, dental, etc): _____

Are plans bundled? _____

Dependent children are termed on what Birthday: _____ If they are a full time student: ___

Federal Law regulates age 26 for Medical however dental & vision may vary
If left blank BASIC will use age 26.

Rates *(please enter the monthly rate as shown on your invoice from carrier)*

Please enter all that apply even if no one currently is enrolled in level of coverage:

(Do not include the 2%)

Note:
Please complete this form once for each insurance policy you have.

Single _____
2 Person _____
Family _____
Family Continuation _____
EE plus spouse _____
EE plus child(ren) _____
EE plus one _____
EE plus two _____
EE plus three _____
EE plus four + _____

Age Based – Please send in rate sheet with this form

If you do not find your rating structure above please complete Other, give rate amount and description

☐ Other _____

Current COBRA Participant Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 800-444-1922 ext 3
F 269.327.4996

Upload via our secure site
https://upload.basiconline.com/?los=New

Please type or print all information

PARTICIPANT INFORMATION-

Please Note: Return this form to BASIC once you have all the information listed below. The Premiums will need to be paid through the end of the month prior to the effective date with BASIC. Participant cannot be processed with any missing information.

Legal Company Name: _____

Name: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____

Gender: _____ Date of Birth: _____

COBRA PLAN INFORMATION

Date COBRA accepted: _____

Reason*: ☐ Termination of Employment ☐ Voluntary ☐ Involuntary
☐ Divorce/Legal Separation ☐ Reduced Hours ☐ Employee's death
☐ Medicare Entitlement ☐ Loss of Dependent Status

*if reason is termination of employment, please specify if voluntary or involuntary.

Hire date: _____

Employee's original effective date of insurance: _____

Name of Medical plan enrolled in: _____ Level of coverage: _____

Name of Dental plan enrolled in: _____ Level of coverage: _____

Name of Vision plan enrolled in: _____ Level of coverage: _____

Name of Rx plan enrolled in: _____ Level of coverage: _____

Name of Other plan enrolled in: _____ Level of coverage: _____

Premiums paid through: _____
(Needs to be at least end of month prior to effective date with BASIC:

COBRA start date: _____

Please click on the link below if you need additional forms:

Current COBRA Participant Form.pdf

OTHER COBRA EVENTS EXPERIENCES (select all that apply):

Disabled (determined by social security): ☐ Yes ☐ No

Multiple qualifying event:

☐ Employees' death ☐ Divorce/legal separation
☐ Medicare entitlement ☐ Loss of dependent status

DEPENDENT INFORMATION:

Relationship	First/Last Name	Birth Date

Revised 8.8.16