

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

Please be aware that editing this fillable form may not be possible with all PDF viewers



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

- ✓ Beginning January 1, 2025, 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