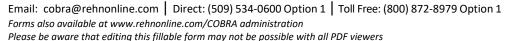
COBRA Premium Rates & Information (Pg 1 of 2)





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 Ema	iil Address					
	BROKERAGE D	EMOGRAPHICS							
Broker Name	Broker Email		Broker Phone	2					
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.

ACKNOWLE	OGEMENT OF UNDER	STANDING					
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						

COBRA Premium Rates & Information (Pg 2 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 COMPLE	TE ONE SHEET FO	OR EACH PLA	N OFFER	ED			
			Please	check one:	MED	DEN	VIS	OTHER	
This is a: Current COBRA Plan Renewal with NO			with NO changes (olan name and r	oolicv # is th	ne same as	previous pla	an vear)	
		an being added to the		•	, , , , , , , , , , , , , , , , , , ,	ie saine as	previous pro	an year,	
	New P	an Offering that is Rep	lacing Old Plan	_					
PLAN BUNDLE									
		s multiple types of bene ical" and those two ben	_	_			•		
	Yes, th	is plan is Bundled with	MEDICAL	DENTAL	VISI	ON			
	No, this plan is not part of a Plan Bundle								
PLAN AND RATE INFORMATION									
PLAN									
	Plan Name		Rate Effective Date		Plan Type (HM	O/PPO/HDHP/ HSA	N/etc)		
CARRIER	Insurance Carrier Name		Insurance Policy #			COBRA Subaroup # (C	Only applicable if Pavir	ng the Carrier directly.)	
			<u> </u>				, .,,		
	Carrier Membership/Enrollm	ent Contact Name	Carrier Membership/I	nrollment Contact Email					
RATES		n the Carrier Renewal (d quote proposals will b		er / Carrier Re	newal No	tice.			
	Disclaimer: Rehn &	Associates shall not be held liable fo	•	tly, whether due to re	liance on the m	ost recent rate	information prov	vided by the	
	Client or their Repre	sentative, or the absence thereof.		-					
			PAYMENT REMI	TTANCE					
Option 1 Remit Payment to Employer (Payment sent to Employer address on file)									
		ier is VSP, Principal, UHC, choose this option)	Cigna, or if plan is a	dministered by	Vimly Bene	efit Solution	ns		
Option 2	Remit P	ayment to Carrier (Pay	ment sent to Carr	er address on	file)				
Pick one:	•	•	-	Insured					
		RED - COBRA subgroup # RED - COBRA Sub-Group Rehn & Associates	•	d to be mailed t	0				
COMMEN.	тѕ								
	FORM	И COMPLETED BY		BROKER		CLIEN	Т		
	- I OIII	JOHN LLIED DI		DROKER		CLILIV	•		
Name			Title				Date		

Email

Brokerage Name / Business Name