



AMERICAN BENEFITS GROUP

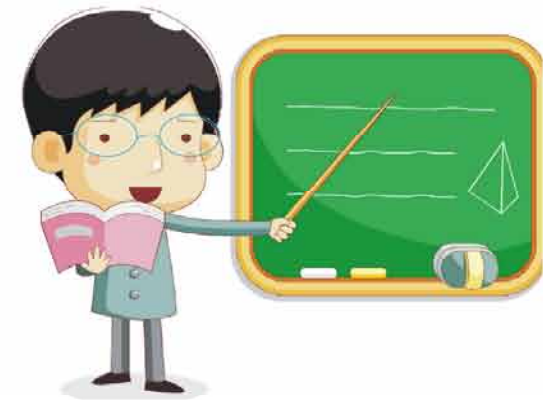
My COBRA Resource



TRAINING

AGENDA

- Basics of the COBRA Client Portal
- The Home Page
- How to Enter a New Plan Member
- How to Enter a Qualifying Event
- Viewing Member Records
- Member Portal
- Reporting Functions
- Carrier Notifications
- Final Notes



Basics of The Portal

Getting started

- When registering you will need your company's TAX ID.
- Your email address will automatically be your username.
- Let us know if someone else needs COBRA system access.
- Do not share your username and/or password with others.



Reminders

- COBRA Portal is a live system. Records are viewable upon completion of entry.
- Letters are automatically generated overnight and mailed the next business day.
- Changes to a members record can ONLY be made until 8 PM CST on the same day they are entered. If changes are needed after 8 PM CST, an ABG COBRA Support Team member can make the updates for you. Simply email cobrasupport@amben.com.
- Some changes may result in a new COBRA Specific Rights Notice being sent and the 60 day election window may restart.

Basics of The Portal | Member Definitions

- **NPM:** A “New Plan Member” is a current employee who has not had a COBRA Qualifying Event (QE) and needs a General Rights/Initial notice as they just elected health benefits. This Notice is required to be sent within the first 90 days of coverage – not necessarily to all new hires.
- **QB:** A “Qualified Beneficiary” is either the employee or dependent who suffered a COBRA QE and needs a Specific Rights Notice. To remain compliant, the Member must be entered into our system within 30 days of the loss of coverage, or the qualifying event date – whichever is later.
- **SPM:** A “Special Plan Member” is an individual who requires special billing (i.e., retirees or FMLA)
- This is an optional service and is only available for clients who have requested this as part of their service agreement with us. Contact us if you are interested in more information on this service.

Basics of The Portal | Plan Status Codes

- ✓ **P** = Pending (have not elected yet)
- ✓ **PR** = Pending, election received without first month's premium payment in full.
- ✓ **E45** = Enrolled within initial 45 day grace period
- ✓ **E** = Enrolled
- ✓ **TP** = Terminated while pending
- ✓ **TE** = Terminated while enrolled

The Home Page | Menu Bar

- **Members** tab opens a search window on the left of your screen and allows you to search for or add a QB, SPM or NPM.
- **Utilities** tab shows your job queue. Here you can download your reports.
- **Wizards** tab also gives you the option to add a new QB, SPM or NPM.
- **Favorites** tab allows you to view favorite records and / or most recently used records.
- **Help** tab contains file import specifications and browser capability information.
- **Quick Search** in the upper right hand corner, or the search window on the left side of your screen, can be used to search for a record.

The Home Page | Your Account

QB SPM NPM

Last Name:

First Name:

SSN:

Individual ID:

Member ID:

Include Inactive

Search

+ Add a new QB Refresh

Name	SSN	Ind. ID
Enter Search Criteria		

Client Group: **Big Island Outfitters**
 Client Name: **Mason's Masonry**
 DBA Name:
 Client Alternate ID:
 Remittance Group:
 EIN: **12-3456789**

Primary Address:

Address:

Address2:

City: State: Zip:

Country:

Phone Numbers:

Phone:

Fax:

Billing Start:

Billing Start Date: 05/01/2014

Client Options:

Include balance bill in premium notice

Client Premium Notice Type: **Coupon Book**

Allow Client Portal Access

Migrated Client

Mask SSN on Reports

Employee Count Range: **20 or More Employees**

Enable Email Notification for Client

QB Options:

Online COBRA Election:

Override admin setting for day to send QB premium notice

Day to send QB premium notice reminder: **1**

Send QB late payment reminders

Override admin setting for day to send QB late payment reminder

Day to send QB late payment reminder: **13**

Send QB second late payment reminders

SPM Options:

Weekly Billing First Day of Week: **Sunday**

Send SPM late payment reminders

Send SPM second late payment reminders

Ignore SPM Payment Grace Periods

Send HIPAA Cert with SPM Termination Notice

The Tabs:

- General
- Contacts
- QB Plans
- Divisions

Contains your company's demographic and plan information

Entering a New Plan Member (NPM)

Home Members Utilities Reports **Wizards** Favorites Help

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QB SPM NPM

Last Name:
 First Name:
 SSN:
 Individual ID:
 Member ID:

Include Inactive

Name	SSN	Ind. ID
Enter Search Criteria		

Client Group: **Big Island Outfitters**
 Client Name: **Mason's Masonry**
 DBA Name:
 Client Alternate ID:
 Remittance Group:
 EIN: **12-3456789**

Primary Address:
 Address:
 Address2:
 City: State: Zip:
 Country:

Phone Numbers:
 Phone:
 Fax:

Client Options:
 Include balance bill in premium notice
 Client Premium Notice Type: **Coupon Book**
 Allow Client Portal Access
 Migrated Client
 Mask SSN on Reports:
 Employee Count Range: **20 or More Employees**
 Enable Email Notification for Client

QB Options:

NPMs:

- Enter as a NPM when a current employee first elects benefits and needs an Initial/General Rights Notice
- The Notice must be sent within the first 90 days of coverage.

Select:

- NPM
 - Add a new NPM or
- ### Select:
- Wizards Tab
 - Add a NPM Wizard

Entering a New Plan Member (NPM)

1. General 2. HIPAA Cert Data

Client Name: **Mason's Masonry** Division: **New York**

Salutation: Choose... First Name: **Jennifer** MI: Last Name: **Stanley**

Identification Information:
 SSN: **445-22-9999**
 Individual Identifier:

Contact Information:
 Email:
 Phone: () - - Phone 2: () - -

Mailing Address:
 Address: **123 Main Street**
 Address2:
 City: **Central Park** St: **NY** Zip: **12345**
 Country:
 Use '& family' addressing for mailings

Other Data:
 Gender: Male Female
 Has become a QB
 Has waived all coverage
 Send General Rights letter when finished.
 Hire Date: **09/01/2016**

Previous Next Finish Cancel

The fields in **red** are required unless they are prefilled.

- Enter Demographics
- If the employee has no dependents, **uncheck Use '& Family' addressing for mailings**
- The **Hire Date** is optional, but encouraged. Keep in mind that if someone comes off of your benefits, but later rejoins, they would need another General Rights Notice when they rejoin the plan (*most often occurs with a re-hire*).
- **Select Finish to complete the entry.**

Notice will be automatically generated and mailed the next business day.

Entering a Qualifying Beneficiary (QB)

Home Members Utilities Reports **Wizards** Favorites Help

Add a new QB Wizard

Quick Search

QB
 SPM
 NPM

Last Name:

First Name:

SSN:

Individual ID:

Member ID:

Include Inactive

Name	SSN	Ind. ID
Enter Search Criteria		

Client Group: **Big Island Outfitters**
 Client Name: **Mason's Masonry**
 DBA Name:
 Client Alternate ID:
 Remittance Group:
 EIN: **12-3456789**

Primary Address:

Address:

Address 2:

City: State: Zip:

Country:

Client Options:

Include balance bill in premium notice

Client Premium Notice Type: **Coupon Book**

Allow Client Portal Access

Migrated Client

Mask SSN on Reports

Employee Count Range: **20 or More Employees**

Enable Email Notification for Client

Phone Numbers:

Phone:

Fax:

Billing Start:

Billing Start Date: **05/01**

Adds a new QB using a wizard interface, guiding you through the entry of information.

Select:

- QB
- Add a new QB or

Select:

- Wizards Tab
- Add a QB Wizard

Entering a Qualifying Beneficiary (QB) | General

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

Client Name: **Mason's Masonry** Division: **Mason's Masonry**

Salutation: **Choose...** First Name: **Jennifer** MI: Last Name: **Stanley**

Identification Information:
 SSN: **445-22-9999**
 Individual Identifier:

Contact Information:
 Email:
 Phone: () - - Phone 2: () - -

Primary Address:
 Address: **123 Main Street**
 Address2:
 City: **Central Park** St: **NY** Zip: **12345**
 Country:

Demographics:
 Gender: Male Female
 DOB: **12/18/1974**
 Tobacco Use: **Unknown**

Employee Information:
 Employee Type: **Unknown**
 Payroll Type: **Unknown**
 Years of Service:

QB Setup:
 Premium Coupon Type: **Coupon Book**
 Uses Health Coverage Tax Credit

Client-Specific Information:
 Benefit Group:
 Account Structure:
 Client Custom Data:

Complete required fields outlined in red (except when pre-filled)

- "Tobacco Use", "Employee Type" and "Payroll Type" will accept "Unknown"
- "Premium Coupon Type" **should not** be changed from "Coupon Book"

Select Next

Entering a Qualifying Beneficiary (QB) | (Qualifying) Event Tab – Employee

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Not

Qualifying Event Information:

Category: Employee Dependent

Event Type: Termination

Event Date: 06/25/2017

Legacy QB:

Legacy QB

- Choose...
- Termination
 - Termination - Involuntary
 - Reduction in Hours - Status Change
 - Reduction in Hours - End of Leave
 - Retirement
 - Loss of Eligibility
 - Bankruptcy
 - Reduction in Force
 - USERRA - Termination
 - USERRA - Reduction in Hours
 - State Continuation
 - Work Stoppage
 - Termination with Severance
 - Retiree Bankruptcy

HIPAA Information:

Date of Hire/Enrollment Date: 06/08/2009

Category Employee

Event Type Choose from drop-down list.

Event Date Should ALWAYS be the actual date of the Qualifying Event.

Date of Hire/Enrollment Date Original medical plan enrollment date. (If not known, the first of the plan year is okay)

Legacy QB Should not be checked. (This is used by ABG to enter takeover QBs)

Select Next

Previous Next Finish Cancel

Entering a Qualifying Beneficiary (QB) | (Qualifying) Event Tab – Dependent



Qualifying Event Information:

Category: Employee Dependent

Event Type: Choose...

Event Date: 06/25/2017

- Choose...
- Divorce/Legal Separation
- Ineligible Dependent
- Death
- Medicare

Employee Information:

Employee Name: Donald Franklin

Employee SSN: 963-85-2741

QB:

Legacy QB

HIPAA Information:

Date of Hire/Enrollment Date: 06/08/2009

For a dependent qualifying event, two additional fields will need to be completed:

Employee Name: *The name of the employee whose plan the dependent was previously on.*

Employee SSN: *The SSN of the above mentioned employee.*

In these cases the information on the "General" tab should be for the dependent who lost coverage.

Select Next

Entering a Qualifying Beneficiary (QB) | Plans

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Home Members Utilities Reports Wizards Favorites Help Logoff

Quick Search

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

+ Add a Plan Refresh

Insurance Type	First Day of COBRA	Last Day of COBRA	Months COBRA	Days Elect	Days 1stPmt	Days SubPmts	Status	Status	Status Date	Election Postmark	Term Date
No records to display.											

Previous Next Finish Cancel

Select Add a Plan to add a new benefit. (All benefits the QB was on at the time of the qualifying event should be added.)

Entering a Qualifying Beneficiary (QB) | Plans

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter-Inserts

General

Plan Bundle

Plan:

Coverage Level: Plan rate for the selected Coverage Level is: **\$489.0000**

Insurance Type Information:

Months of Coverage:

Days to Elect:

Days to Make 1st Payment:

Days to Make Subsequent Payments:

First / Last Days of COBRA:
Editing these dates changes the First and Last day of COBRA

FDOC (First Day of COBRA):

LDOC (Last Day of COBRA):

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

Select Plan or Bundle

Bundled plans are plans that cannot be elected separately (example: Combined Medical & HRA plans).

Select the Plan and Coverage Level

If the QB had an FSA that was not overspent, the FSA must be entered. (Instructions to follow.)

The Insurance Type Information and First/Last Days of COBRA will be automatically filled, based upon the type of qualifying event and the standard COBRA regulations. **Do not make changes to this data.**

Select Insert to add plan.

Entering a Qualifying Beneficiary (QB) | Plans

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

+ Add a Plan Refresh

Insurance Type	First Day of COBRA	Last Day of COBRA	Months COBRA	Days Elect	Days 1stPmt	Days SubPmts	Status	Status	Status Date	Election Postmark	Term Date
Medical	07/01/2017	12/31/2018	18	60	45	30	P	Pending	07/27/2017		
	Start Date	End Date	Plan Name			Carrier Plan Identification		Coverage Level	Bundle Name		
Edit	07/01/2017	12/31/2018	Freedom Medical Plan			EE1		QB + Spouse			
										Drop	Delete

Previous Next Finish Cancel

The plan is saved!

To add more benefits select **Add a Plan** and repeat the process.

Continue entering plans until all COBRA eligible benefits the member had when they were an active employee have been added.

Entering a Qualifying Beneficiary (QB) | Plans

- 1. General
- 2. Event
- 3. Plans
- 4. Dependents
- 5. Subsidies
- 6. Letter Inserts
- 7. Notes

General

Plan Bundle

Plan: Delta Dental PPO Plan

Coverage Level: QB + Spouse

Plan rate for the selected Coverage Level is \$55.0000

Insurance Type Information:

Months of Coverage: 18

Days to Elect: 60

Days to Make 1st Payment: 45

Days to Make Subsequent Payments: 30

First / Last Days of COBRA:

Editing these dates changes the First and Last day of COBRA

FDOC (First Day of COBRA): 07/01/2017

LDOC (Last Day of COBRA): 12/31/2018



If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

Select Plan or Bundle

Select the Plan and Coverage Level from the drop-down menu.

Select Insert to save.

Entering a Qualifying Beneficiary (QB) Member Specific Plans & Rates

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

+ Add a Plan Refresh

Insurance Type	First Day of COBRA	Last Day of COBRA	Months COBRA	Days Elect	Days 1stPmt	Days SubPmts	Status	Status	Status Date	Election Postmark	Term Date
Medical	07/01/2017	12/31/2018	18	60	45	30	P	Pending	07/27/2017		
<u>Edit</u>		<u>Start Date</u>	<u>End Date</u>	<u>Plan Name</u>		<u>Carrier Plan Identification</u>		<u>Coverage Level</u>		<u>Bundle Name</u>	
<u>Edit</u>		07/01/2017	12/31/2018	Freedom Medical Plan		EE1		QB + Spouse		<u>Drop</u>	<u>Delete</u>
Dental	07/01/2017	12/31/2018	18	60	45	30	P	Pending	07/27/2017		
<u>Edit</u>		<u>Start Date</u>	<u>End Date</u>	<u>Plan Name</u>		<u>Carrier Plan Identification</u>		<u>Coverage Level</u>		<u>Bundle Name</u>	
<u>Edit</u>		07/01/2017	12/31/2018	Delta Dental PPO Plan				QB + Spouse		<u>Drop</u>	<u>Delete</u>

Previous Next Finish Cancel

The additional plan is saved! Repeat for all plans.

To add a FSA or Member Specific Medical Plan:

Select Add a Plan

Entering a Qualifying Beneficiary (QB) | Member Specific Plans & Rates

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

General

Plan Bundle

Plan: ABG_FSA

Coverage Level: QB Only

Insurance Type Information:

Months of Coverage: 7

Days to Elect: 60

Days to Make 1st Payment: 45

Days to Make Subsequent Payments: 30

First / Last Days of COBRA:
Editing these dates changes the First and Last day of COBRA

FDOC (First Day of COBRA): 06/26/2017

LDOC (Last Day of COBRA): 12/31/2017

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

+ Add a Rate Refresh

Start Date	End Date	Rate
No records to display.		

Insert
Cancel

Previous
Next
Finish
Cancel

A **General** Tab will open.

Choose a **Plan & Coverage Level** from the drop-down menus.

For any plan that is individually rated (FSA or Medical) the rate section will automatically appear at the bottom.

Continue to next slide for additional instructions....

Entering a Qualifying Beneficiary (QB) | Member Specific Plans & Rates

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

General

Plan Bundle
 Plan:
 Coverage Level:

Insurance Type Information:

Months of Coverage:

Days to Elect:

Days to Make 1st Payment:

Days to Make Subsequent Payments:

First / Last Days of COBRA:
 Editing these dates changes the First and Last day of COBRA

FDOC (First Day of COBRA):

LDOC (Last Day of COBRA):

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

[+ Add a Rate](#) [Refresh](#)

Start Date	End Date	Rate
No records to display.		

[Insert](#) [Cancel](#)

[Previous](#) [Next](#) [Finish](#) [Cancel](#)

Do not change anything under **Insurance Type Information** or **First/Last Days of COBRA**

Months of Coverage: For the FSA this will be automatically calculated and displayed to reflect the amount of months remaining in the plan year.

Note the **First / Last Days of COBRA:** The start date of the FSA is always the day after the Qualifying Event.

Continue to next slide for additional instructions...

Entering a Qualifying Beneficiary (QB) | Member Specific Plans & Rates

- 1. General
- 2. Event
- 3. Plans
- 4. Dependents
- 5. Subsidies
- 6. Letter Inserts
- 7. Notes

General

Plan Bundle
 Plan:
 Coverage Level:

Insurance Type Information:

Months of Coverage:

Days to Elect:

Days to Make 1st Payment:

Days to Make Subsequent Payments:

First / Last Days of COBRA:
 Editing these dates changes the First and Last day of COBRA

FDOC (First Day of COBRA):

LDOC (Last Day of COBRA):

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

+ Add a Rate Refresh

Start Date	End Date	Rate
No records to display.		

Insert Cancel

Previous Next Finish Cancel

You must select **Add a Rate** to save the plan.

Failure to do so will show an error message:

Continue to next slide for additional instructions....

Entering a Qualifying Beneficiary (QB) | Member Specific Plans & Rates

Refresh

Start Date	End Date	Rate
Add/Update a Member Specific Rate:		
Start Date:	<input type="text" value="06/26/2017"/>	
End Date:	<input type="text"/>	
Rate Amount:	<input type="text" value="\$100.0000"/>	

No records to display.

Select Add a Rate

Start Date: Start date of FSA is the day after the Qualifying Event. (you can refer to the first day of COBRA field in the section above)

End Date: Leave blank.

Rate Amount: See the next slide on how to calculate the Rate Amount.

Select Insert to save the rate.

How To Calculate The FSA Rate

- **If the Member was enrolled at the beginning of the plan year:**
 - Take the members annual election amount & divide by 12 months.
- **If the Member enrolled mid-year:**
 - Take their annual election divide that by the number of months remaining in the plan year at the time of their enrollment. *(example: Plan year runs 1/1 – 12/31, member begins 3/5 & elects \$900. Member terminates 6/15 – formula would be \$900 divided by 10 = \$90 per month)*

The system will automatically prorate the premium for the 1st month if the first day of COBRA is mid-month.

If you forget to enter the rate, an error will appear asking you to **Add in the Rate Amount**. If you bypass this message, the FSA will not be saved or included on the Notice.

Entering a Qualifying Beneficiary (QB) | Member Specific Plans & Rates

- 1. General
- 2. Event
- 3. Plans
- 4. Dependents
- 5. Subsidies
- 6. Letter Inserts
- 7. Notes

General

Plan Bundle
 Plan:
 Coverage Level:

Insurance Type Information:

Months of Coverage:

Days to Elect:

Days to Make 1st Payment:

Days to Make Subsequent Payments:

First / Last Days of COBRA:
 Editing these dates changes the First and Last day of COBRA

FDOC (First Day of COBRA):

LDOC (Last Day of COBRA):

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

After saving the rate, Select INSERT to save the plan.

This will return you to the Plans page and add more plans or continue.

+ Add a Rate Refresh

	Start Date	End Date	Rate	
Edit	06/26/2017		\$100.00	Delete

Entering a Qualifying Beneficiary (QB) | Plans

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

+ Add a Plan Refresh

Insurance Type	First Day of COBRA	Last Day of COBRA	Months COBRA	Days Elect	Days 1stPmt	Days SubPmts	Status	Status	Status Date	Election Postmark	Term Date
Medical	07/01/2017	12/31/2018	18	60	45	30	P	Pending	07/28/2017		
	Start Date	End Date	Plan Name		Carrier Plan Identification		Coverage Level		Bundle Name		
Edit	07/01/2017	12/31/2018	Freedom Medical Plan		EE1		QB + Spouse				Drop Delete
Dental	07/01/2017	12/31/2018	18	60	45	30	P	Pending	07/28/2017		
	Start Date	End Date	Plan Name		Carrier Plan Identification		Coverage Level		Bundle Name		
Edit	07/01/2017	12/31/2018	Delta Dental PPO Plan				QB + Spouse				Drop Delete
Flexible Spending Account	06/26/2017	12/31/2017	7	60	45	30	P	Pending	07/28/2017		
	Start Date	End Date	Plan Name		Carrier Plan Identification		Coverage Level		Bundle Name		
Edit	06/26/2017	12/31/2017	ABG_FSA				QB Only				Drop Delete

The Plan has been saved! Verify plans and coverage levels. Continue adding plans if necessary.

Select Next to go to the Dependents.

If there are no dependents, subsidies or letter inserts, **Select Finish** to complete the record.

Entering a Qualifying Beneficiary (QB) | Dependents

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts

+ Add a Dependent

Name	Relation
No records to display	

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

Relationship: Spouse

Salutation: Choose... First Name: Sean MI: Last Name: Stanley

Identification Information:
SSN: 888-22-4444

Contact Information:
Email:
Phone: () - - - Phone 2: () - - -

Address: Same As QB

Start Date: Start Date:

Available Dependent Plan(s)

Plan Name	Bundle Name
No Plans to display.	

Demographics:
Gender: Male Female
DOB:

HIPAA Information:
Enrollment Date:

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

**Select
Add a Dependent**

Complete the Required fields:

- Relationship**
- First Name**
- Last Name**
- Start Date** *(this should match the first day of COBRA)*

*If your medical plans are based on the age and/or gender, you must also add the **DOB** and/or **gender***

Entering a Qualifying Beneficiary (QB) | Dependents

SSN: [_____] Phone: (____) ____-____ Phone 2: (____) ____-____

Address: Same As QB

Start Date:
Start Date: 07/01/2017

Available Dependent Plan(s)	
Plan Name	Bundle Name
<input type="checkbox"/> ABG_FSA	
<input checked="" type="checkbox"/> Delta Dental PPO Plan	
<input checked="" type="checkbox"/> Freedom Medical Plan	

Demographics:
Gender: Male Female
DOB: [_____]

HIPAA Information:
Enrollment Date: [_____]

If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

Added Dependent Plan(s)		
Insurance Type	First Day Of COBRA	Last Day Of COBRA
No records to display.		

After adding the start date you will have the option to choose benefits from the **Available Dependent Plan(s)**.

Select the plans the dependent was enrolled in at the time of the qualifying event by checking the box next to the plan name. **You must select and save at least one plan in order to save the dependent.**

Select Save to attach the plans to the dependent.

Entering a Qualifying Beneficiary (QB) | Dependents

Address: Same As QB

Start Date:

Available Dependent Plan(s)

Plan Name	Bundle Name
<input type="checkbox"/> ABG_FSA	

Demographics:

Gender: Male Female

DOB:

HIPAA Information:

Enrollment Date:

! If you choose a Plan that is Gender and/or Age based, you will need to add Gender and/or DOB under the Dependents Tab to ensure accurate premiums.

After selecting and saving the plans, they will be moved from the Available Dependent Plan(s) to the **Added Dependent Plan(s)**

Select Save again to finish adding the dependent.

Added Dependent Plan(s)

Insurance Type	First Day Of COBRA	Last Day Of COBRA														
Medical	07/01/2017	12/31/2018														
<table border="1"> <thead> <tr> <th>Start Date</th> <th>End Date</th> <th>Plan Name</th> <th>Carrier Plan Identification</th> <th>PlanBundleName</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>07/01/2017</td> <td>12/31/2018</td> <td>Freedom Medical Plan</td> <td>EE1</td> <td></td> <td>Drop</td> <td>Delete</td> </tr> </tbody> </table>	Start Date	End Date	Plan Name	Carrier Plan Identification	PlanBundleName			07/01/2017	12/31/2018	Freedom Medical Plan	EE1		Drop	Delete		
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07/01/2017	12/31/2018	Freedom Medical Plan	EE1		Drop	Delete										
Dental	07/01/2017	12/31/2018														
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Start Date	End Date	Plan Name	Carrier Plan Identification	PlanBundleName												
07/01/2017	12/31/2018	Denta Dental PPO Plan			Drop	Delete										

Save Cancel

Entering a Qualifying Beneficiary (QB) | Dependents

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies 6. Letter Inserts 7. Notes

+ Add a Dependent Refresh

Name	Relation	Date of Birth	SSN	Sex	
<u>Stanley, Sean</u>	Spouse		XXX-XX-4444	M	<u>Delete</u>

Previous **Next** Finish Cancel

You will now see the dependent you entered.

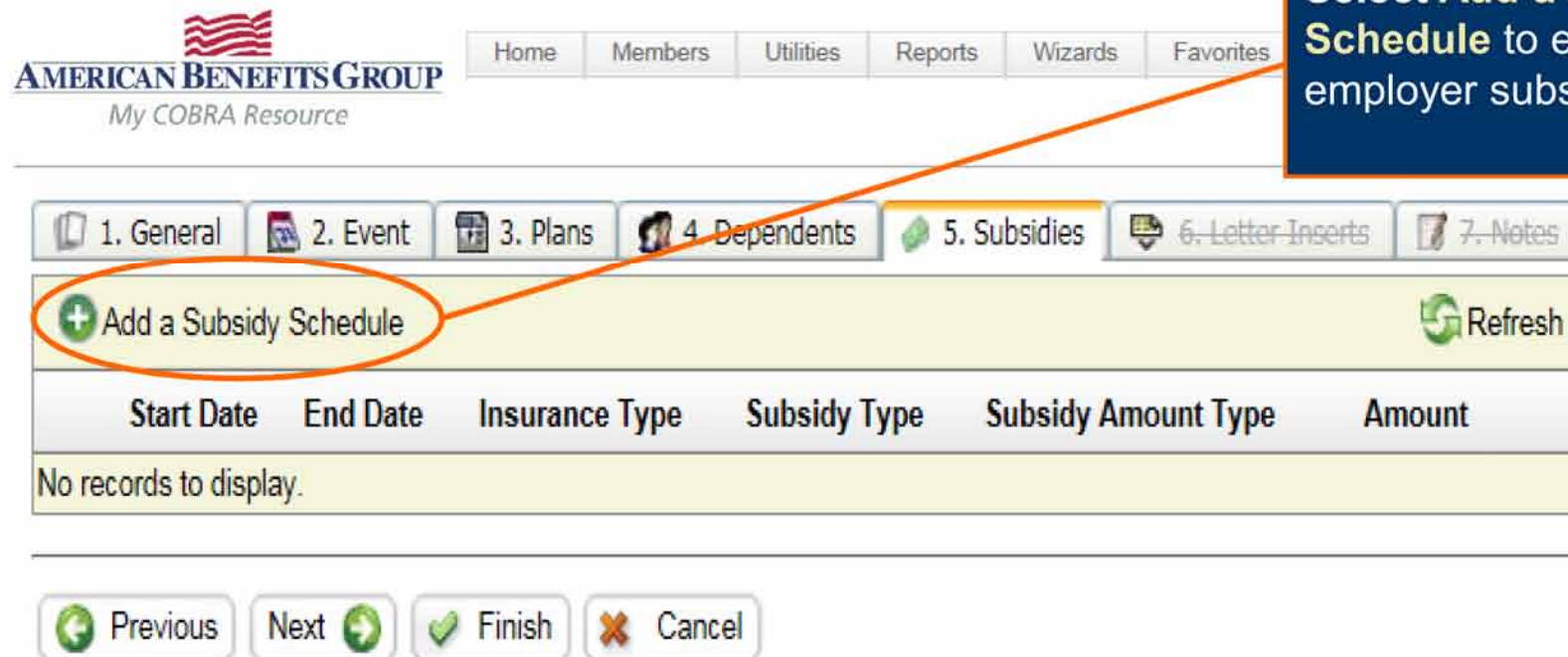
Select Add a Dependent to add another dependent.

Select Next to add a subsidy.

If there are no additional dependents, subsidies, or letter inserts, select **Finish**.

Entering a Qualifying Beneficiary (QB) | Subsidies

Select **Add a Subsidy Schedule** to enter the employer subsidy.



The screenshot shows the American Benefits Group web application interface. At the top, there is a navigation menu with options: Home, Members, Utilities, Reports, Wizards, and Favorites. Below this is a secondary navigation bar with tabs: 1. General, 2. Event, 3. Plans, 4. Dependents, 5. Subsidies (highlighted), 6. Letter Inserts, and 7. Notes. The '5. Subsidies' tab is active, displaying a table with a header row: Start Date, End Date, Insurance Type, Subsidy Type, Subsidy Amount Type, and Amount. Below the header, the text 'No records to display.' is shown. A button labeled '+ Add a Subsidy Schedule' is circled in orange, and a callout box points to it with the text 'Select Add a Subsidy Schedule to enter the employer subsidy.' Other buttons include 'Refresh', 'Previous', 'Next', 'Finish', and 'Cancel'.

Start Date	End Date	Insurance Type	Subsidy Type	Subsidy Amount Type	Amount
No records to display.					

Entering a Qualifying Beneficiary (QB) | Subsidies

1. General 2. Event 3. Plans 4. Dependents 5. Subsidies

Subsidy Schedule

Subsidy Schedule Start: 08/01/2017 Subsidy Schedule End: 08/31/2017

Subsidy Schedule Type: Emp Subsidy

Subsidy Schedule Amount Type: Percentage Amount: 100.00 %

Insurance Type: Medical

Ok Cancel

Previous Next Finish Cancel

All fields are required.

Subsidy Schedule Start:

Should always be the 1st of a month, even if coverage begins mid-month.

Subsidy Schedule End:

(see next slide for a note on mid-month end dates).

Subsidy Schedule Type: Emp Subsidy

Subsidy Schedule Amount Type: Percentage or Flat Amount

Amount:

Enter the percentage or flat amount the employer is paying towards the coverage.



Insurance Type:

Select from drop-down.

Select Ok to save the subsidy

Entering a Qualifying Beneficiary (QB) | Subsidies

1. General
2. Event
3. Plans
4. Dependents
5. Subsidies
6. Letter Inserts
7. Notes

 Add a Subsidy Schedule
 Refresh

	Start Date	End Date	Insurance Type	Subsidy Type	Subsidy Amount Type	Amount	
Edit	08/01/2017	08/31/2017	Medical	Emp Subsidy	Percentage	100.00 %	Delete

 Previous
 Next
 Finish
 Cancel

The subsidy has been saved!

Select Add a Subsidy Schedule & repeat steps for each subsidy and insurance type. *(Multiple subsidy schedules can be added for the same insurance type, provided the dates do not overlap.)*

Select Next to add a Letter Insert.

Select Finish if completed with record.

See the following slide for important information regarding subsidies.

Subsidy Reminders to Keep in Mind

- **ALWAYS terminate benefits at the time of the qualifying event** - even if there is a Severance Agreement/subsidy. Failure to do so may result in the Member remaining on your benefits past the end date of the subsidy, since ABG will not generate a Termination Notice if they have not made an election with us.
- **Members must elect COBRA** in order to take advantage of an Employer subsidy (even if it is 100% employer paid).
- **If the Member elects a benefit that is not subsidized**, they must pay the first month's premium before all benefits (subsidized or non-subsidized) are reinstated.
- **If the subsidy ends mid-month** and the Member does not pay the difference for the remainder of the month, the system will automatically terminate benefits back to the end of the previous month, regardless of any subsidy on the account. The Member **must** contact us before the end of the payment grace period if they would like to cancel their benefit(s) for the end date of the subsidy.

Entering a Qualifying Beneficiary (QB) | Letter Inserts

- 1. General
- 2. Event
- 3. Plans
- 4. Dependents
- 5. Subsidies
- 6. Letter Inserts
- 7. Notes

Letter Inserts	
<input type="checkbox"/>	California Specific Rights Letter Insert
<input type="checkbox"/>	Commonwealth of VA Continuation
<input type="checkbox"/>	Connecticut Specific Rights Letter Insert
<input type="checkbox"/>	Georgia State Continuation
<input type="checkbox"/>	Illinois State Continuation
<input type="checkbox"/>	Minnesota Continuation Specific Rights Insert
<input type="checkbox"/>	Minnesota Life Specific Rights Letter Insert
<input checked="" type="checkbox"/>	New York State Continuation
<input type="checkbox"/>	Oregon Specific Rights Letter Insert
<input type="checkbox"/>	Rhode Island State Continuation
<input type="checkbox"/>	Texas Specific Rights Letter Insert
<input type="checkbox"/>	VEBA Specific Rights Letter Insert

Check all Letter Inserts that you want to provide.
The selected insert(s) will be added to the end of the Specific Rights Notice
Select Finish

- Previous
- Next
- Finish**
- Cancel

Viewing Member Records

Jennifer Stanley - XXX-XX-9999 | Mason's Masonry

Quick Search

QB
 SPM
 NPM

Last Name:
 First Name:
 SSN:
 Individual ID:
 Member ID:

Include Inactive

Name	SSN	Ind. ID
Enter Search Criteria		

QB Information:		QB Event Information:		QB Additional Information:	
Name:	Jennifer Stanley	Event Category:	Employee	Disability Extension Approved:	No
Address:	123 Main Street Central Park, NY 12345	Event Type:	Termination	Uses Health Coverage Tax Credit:	No
SSN:	XXX-XX-9999	Qualifying Event Date:	06/25/2017	Conversion Letter Processed:	No
DOB:	12/18/1974	Date Entered:	07/28/2017	At Least 1 Dependent on QMCSO:	No
Individual ID:		Original Date of Hire/Enrollment Date:	06/08/2009	Last Subsidy Month:	
Phone:		Specific Rights Processed Date:		Registration Code:	
Email:		2nd Event:	No	Registration Date/Time:	
Email Bounced:	False	Legacy:	No	User Name:	
Member ID:	2262	Latest Election PMD:	08/30/2017	Communication Preference:	USP
		Last Day of Initial Grace Period:			

Client / Client Division:

Client: Mason's Masonry / Client Division: Mason's Masonry

Last Payment:					Next Payment:		
Postmark Date	Entered Date	Amount	Payment Method	Check #	Premium Month	Amount Due	Latest PMD

Current Plan Information:

Insurance Type	Plan	First Day of COBRA	Last Day of COBRA	Coverage Level	Status	Bundle Name
Dental	Delta Dental PPO Plan	07/01/2017	12/31/2018	QB + Spouse	Pending	
Flexible Spending Account	ABG_FSA	06/26/2017	12/31/2017	QB Only	Pending	
Medical	Freedom Medical Plan	07/01/2017	12/31/2018	QB + Spouse	Pending	

Select QB

Enter Last Name or SSN

Select Search

You have full access to any letters, payments made and payments coming due for the members.

Viewing Member Records

Jennifer Stanley - XXX-XX-9999 | Mason's Masonry

Quick Search

QB SPM NPM

Last Name:
 First Name:
 SSN:
 Individual ID:
 Member ID:

Include Inactive

Search

+ Add a new QB

Refresh

Name	SSN	Ind. ID
Enter Search Criteria		

Enter Search Criteria

Profile General Event Plans Dependents **Subsidies** Payments Premiums Premiums Due Letter Inserts **Communications** Timeline

QB Information:

Name: Jennifer Stanley
 Address: 123 Main Street
 Central Park, NY 12345
 SSN: XXX-XX-9999
 DOB: 12/18/1974
 Individual ID:
 Phone:
 Email:
 Email Bounced: False
 Member ID: 2262

QB Event Information:

Event Category: Employee
 Event Type: Termination
 Qualifying Event Date: 06/25/2017
 Date Entered: 07/28/2017
 Original Date of Hire/Enrollment Date: 06/08/2009
 Specific Rights Processed Date:
 2nd Event: No
 Legacy: No
 Latest Election PMD: 08/30/2017
 Last Day of Initial Grace Period:

QB Additional Information:

Disability Extension Approved: No
 Uses Health Coverage Tax Credit:
 Conversion Letter Processed:
 At Least 1 Dependent on QMCS:
 Last Subsidy Month:
 Registration Code:
 Registration Date/Time:
 User Name:
 Communication Preference:

Client / Client Division:

Client: Mason's Masonry / Client Division: Mason's Masonry

Last Payment:

Postmark Date	Entered Date	Amount	Payment Method	Check #

Next Payment:

Premium Month	Amount Due	Latest PMD

Current Plan Information:

Insurance Type	Plan	First Day of COBRA	Last Day of COBRA	Coverage Level	Status	Bundle Name
Dental	Delta Dental PPO Plan	07/01/2017	12/31/2018	QB + Spouse	Pending	
Flexible Spending Account	ABG_FSA	06/26/2017	12/31/2017	QB Only	Pending	
Medical	Freedom Medical Plan	07/01/2017	12/31/2018	QB + Spouse	Pending	

Profile Report

Print

Subsidies can be added on the subsidy tab even after a record has been saved and Notices have been sent.

Payments, Premiums & Premiums Due reflect the Member's accounting history.

The **Communications** tab saves a PDF copy of every letter mailed to the Member. Letters are available the same day they are mailed.

Member Portal

Jennifer Stanley Last Login: Aug 1, 2017 at 02:40 PM CST | Sign out

PROFILE

PAYMENT INFO

PREFERENCES

COMMUNICATIONS

MESSAGES

ELECTION

Welcome Jennifer Stanley!

Welcome to the American Benefits Group Test self-service portal. You can make one-time payments, set up recurring payments, access your demographic and account information, and update preferences for payment, billing, and communications. You can also request assistance.

Your next payment of \$554.88 is due Jul 01, 2017

Members can go online to:

- Elect COBRA
- Update Address, Phone Number or Email Address
- Make One-time Payments (\$20 bank fee applies)
- Schedule Recurring ACH Payments (Free)
 - The Member must be paid up to date to use ACH
- View & print all letters sent
- Enroll in email notifications

Reports (Standard Reports & Accounting Reports)

Utilities | **Reports** | Wizards | Favorites | Help

- Standard Reports**
 - Carrier Notifications (Pending)
 - Carrier Notifications (Processed)
 - Generated Letters Detail
 - Generated Letters Summary
 - Member By Postal Code
 - Member Status
 - New Plan Member (NPM)
 - Paid Through
 - Plan Rate Renewal
 - Proof Of Mail
 - Members Without Plans
 - QB Plan Members
 - QB Summary Report
 - SPM Summary Report
 - QB Detail For ACA Report
 - SPM Detail For ACA Report
 - Email Notifications Detail
 - Email Notifications Summary
- Accounting Reports
- Job Queue

Company: **Big Island Outfitters**
 Name: **Mason's Masonry**
 Phone:
 Estimate ID:
 Policy Group: **12-3456789**

Address:
 Address: 123 Mason Street
 City: Florence State: HI

Options:
 Print balance bill in premium notice
 Premium Notice Type: **Coupon**
 Client Portal Access
 Estimated Client
 SSN on Reports:
 Social Security Number:

Reports | Wizards | Favorites | Help

- Standard Reports
- Accounting Reports**
 - Subsidy Schedule
 - Remittance
 - Refund Report
- Job Queue

Big Island Outfitters

Reports run in real-time

Reports can be scheduled

Reports can run by division

Reports can run in different formats:

PDF – Adobe Reader format

CSV – Comma Separated Values text file
(preferred to open through Excel)

MDB – Microsoft Access Database file

XML – Extensible Markup Language file

Job Queue contains Reports Results



Reports (Descriptions)

Carrier Notifications (Pending) report contains a listing of the notifications about eligibility of members reported to Carriers that are in the job queue for overnight processing.

Carrier Notifications (Processed) report contains all of the notifications about eligibility of members reported to Carriers processed during a specific date range.

Client List (Broker Portal ONLY)- A real-time report of clients, including division(s), EIN and Billing Start Date.

Generated Letters Detail report contains a listing of the members who received letters within a specific date range

Generated Letters Summary report contains a summary of the types of letters and number of letters sent to members within a specific date range.

Member By Postal Code - A real-time of member type and postal code, includes members full name, address, SSN, QE date and status.

Member Status* - Produces a current date/time report of all member insurance types with a pending or enrolled status and a report of all member insurance types with a status of terminated which had their status change to terminated during a user provided data range.

Members Without Plans report contains a listing of all member records that do not have insurance plans associated with them. This report is a good tool to identify these records since all member records must have assigned plans to avoid various issues and for Notices to be sent.

***Recommended Reports**

Continued on next slide...



Reports (Descriptions) *continued*....

New Plan Member (NPM) report contains a listing of all NPM type members whose General Rights letters were generated within a specific date range.

Paid Through report contains a listing of all members with a status of active or terminated who have paid their premiums through a specific date.

Plan Rate Renewal report contains a listing of all insurance plans that have rate renewal dates within a specific date range.

Proof of Mail report contains a listing of all letters that have a proof of mail requirement processed on a specific date.

QB Plan Members report contains a listing of the members under each insurance plan. Each Member is listed once for each plan.

QB Summary report contains a listing of all QB records in the system grouped by status.

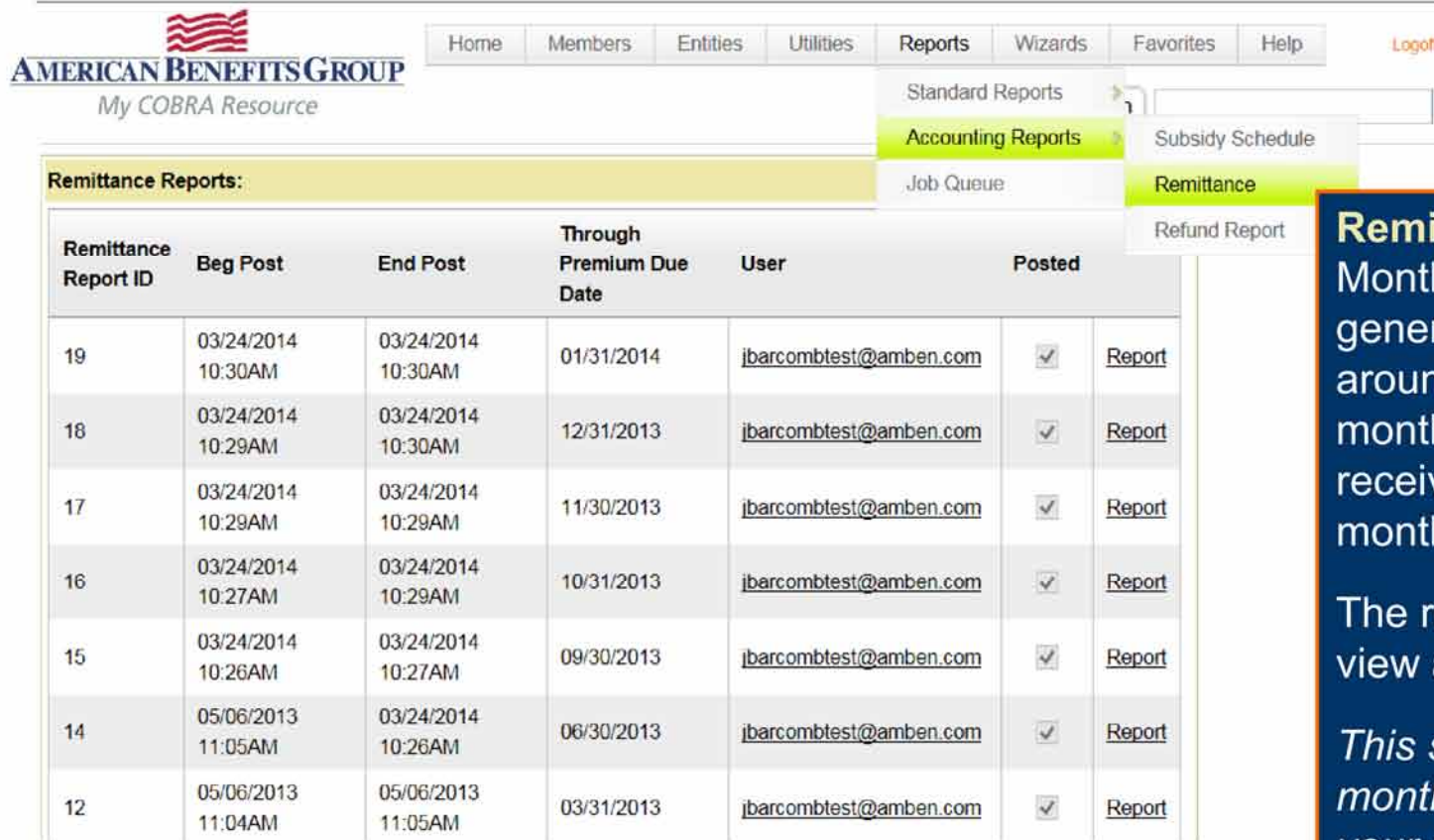
SPM Summary report contains a listing of all SPM records in the system grouped by status.

QB Detail for ACA report contains information that helps employers meet necessary reporting obligations under the Employer Reporting Mandate component of the Affordable Care Act (ACA). This mandate requires employers with 50 or more full-time equivalent employees to file 1094/1095 B & C forms annually.

SPM Detail for ACA report contains information that helps employers meet necessary reporting obligations under the Employer Reporting Mandate component of the Affordable Care Act (ACA). This mandate requires employers with 50 or more full-time equivalent employees to file 1094/1095 B & C forms annually.

****Recommended Reports***

Reports (Remittance Reports)



Remittance Reports:

Remittance Report ID	Beg Post	End Post	Through Premium Due Date	User	Posted	
19	03/24/2014 10:30AM	03/24/2014 10:30AM	01/31/2014	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report
18	03/24/2014 10:29AM	03/24/2014 10:30AM	12/31/2013	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report
17	03/24/2014 10:29AM	03/24/2014 10:29AM	11/30/2013	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report
16	03/24/2014 10:27AM	03/24/2014 10:29AM	10/31/2013	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report
15	03/24/2014 10:26AM	03/24/2014 10:27AM	09/30/2013	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report
14	05/06/2013 11:05AM	03/24/2014 10:26AM	06/30/2013	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report
12	05/06/2013 11:04AM	05/06/2013 11:05AM	03/31/2013	jbarcombtest@amben.com	<input checked="" type="checkbox"/>	Report

Remittance Report
 Monthly report that is generated by ABG on or around the 10th of each month; lists all payments received for previous month(s).

The report is available to view after ABG posts it.

This should be viewed monthly after you receive your remittance check or direct deposit.

Reports (Remittance Reports)

Home
Members
Utilities
Reports
Wizards
Favorites
Help
Logoff

Standard Reports

Subsidy Schedule

Accounting Reports

Remittance

Job Queue

Refund Report

Remittance Reports:

Remittance Report ID	Beg Post	End Post	Through Premium Due Date	User	Posted	Report
22	03/24/2014 10:30AM	03/16/2017 09:21AM	01/31/2017	ibarcombtest@amben.com	✓	Report
19	03/24/2014 10:30AM	03/24/2014 10:30AM	01/31/2014	ibarcombtest@amben.com	✓	Report
18	03/24/2014 10:29AM	03/24/2014 10:30AM	12/31/2013	ibarcombtest@amben.com	✓	Report
17	03/24/2014 10:29AM	03/24/2014 10:29AM	11/30/2013	ibarcombtest@amben.com	✓	Report
16	03/24/2014 10:27AM	03/24/2014 10:29AM	10/31/2013	ibarcombtest@amben.com	✓	Report
15	03/24/2014 10:26AM	03/24/2014 10:27AM	09/30/2013	ibarcombtest@amben.com	✓	Report
14	05/06/2013 11:05AM	03/24/2014 10:26AM	06/30/2013	ibarcombtest@amben.com	✓	Report

When the report is available, ABG will send an email with the Report ID that should be pulled for that month's report.

Select Reports | Accounting Reports | Remittance

Find the **Remittance Report ID** you want to run and **Select Report** on the right.

Reports (Remittance Reports)

Remittance Report ID	Beg Post	End Post	Through Premium Due Date	User
22	3/24/2014	3/16/2017	01/31/2017	jbarcomb@amben.com

Client Remittance Report Selection:

Client Name: **Mason's Masonry** Division: **ALL...**

*You may run the report for one **Division** or **ALL**. (only applicable if using divisions)*

Select your Report Format
PDF, CSV, MOB or XML
(PDF is recommended for this report)

Select Queue Report
This will bring you to the Job Queue where your report is being generated.

Report Queue Settings:


Queue Report will place your report into the Job Queue and the email address below will be notified w

Report Format:

- PDF - Adobe Reader format
- CSV - Comma Separated Values Text File
- MDB - Microsoft Access Database File
- XML - XML File

Email Addresses to notify when Report is complete:

Schedule Options

 Queue Report

Reports (Remittance Reports) | Job Queue

Job Queue:

Refresh

Your job has been submitted and should be the top job listed below. Use the REFRESH button to update the list. Results will only be kept for 7 days, so be sure to retrieve your results promptly.

Job ID	Entered	Priority	Category	Job Type	Status	Started	Completed	Message	Email Notification	Scheduled
8784638	08/09/2017 10:44AM	1	Large Report	Remittance	Complete	08/09/2017 10:44AM	08/09/2017 10:44AM	Complete Download Results	Masonsilva@masonmasonry.com	
8394109	06/22/2017 12:34PM	1	Large Report	QB Plan Members	Complete	06/22/2017 12:34PM	06/22/2017 12:34PM	Download Results	Masonsilva@masonmasonry.com	
8394077	06/22/2017 12:32PM	1	Report	Carrier Notifications Processed	Complete	06/22/2017 12:32PM	06/22/2017 12:32PM	Download Results	Masonsilva@masonmasonry.com	
8394011	06/22/2017 12:24PM	1	Large Report	Member Status	Complete	06/22/2017 12:24PM	06/22/2017 12:24PM	Download Results	Masonsilva@masonmasonry.com	
8394002	06/22/2017 12:22PM	1	Report	QB Summary Report	Complete	06/22/2017 12:22PM	06/22/2017 12:22PM	Complete Download Results	Masonsilva@masonmasonry.com	
8393953	06/22/2017 12:16PM	1	Large Report	Remittance	Complete	06/22/2017 12:16PM	06/22/2017 12:16PM	Complete Download Results	Masonsilva@masonmasonry.com	
8393896	06/22/2017 12:13PM	1	Report	Generated Letters Detail	Complete	06/22/2017 12:13PM	06/22/2017 12:13PM	Download Results	Masonsilva@masonmasonry.com	
8393676	06/22/2017 11:57AM	1	Large Report	Remittance	Complete					
6250920	09/29/2016 10:17AM	1	Report	QBDetailForACARReport	Complete					
3705901	08/25/2015 03:32PM	1	Import	Import	Complete					
3705867	08/25/2015 03:23PM	1	Import	Import	Complete					

Your Job Queue saves report results.
Select Refresh until **Download Results** appears next to the job.
Select Download Results to view your report.



Reports (Remittance Reports)

Client Remittance Report

Client DBA Name: Mason's Masonry **Remittance Period Beginning:** 3/24/2014 10:30:42 AM
Client Name: Mason's Masonry **Ending:** 3/16/2017 9:21:03 AM
Client Alternate: **Includes Through Premium Due Date:** 01/31/2017
Division Name: Mason's Masonry

Remit To: Client

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 1 / 2017

Plan: BCBS PPO Medical Plan **Carrier:** Blue Cross Blue Shield
Policy Number: BCBS 555

Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	Admin Fee Paid by		Member Paid	Member Paid	Total To	Total To
						Member	Subsidy	Premium To Remit	Admin Fee To Remit	Carrier	Client
Smith, Frank	xxx-xx-7888	\$575.00	\$11.50	\$586.50	\$0.00	\$11.50	\$0.00	\$575.00	\$0.00	\$0.00	\$575.00
Plan Total:		\$575.00	\$11.50	\$586.50	\$0.00	\$11.50	\$0.00	\$575.00	\$0.00	\$0.00	\$575.00

Plan: Delta Dental PPO Plan (DOT) **Carrier:** Delta Dental
Policy Number:

Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	Admin Fee Paid by		Member Paid	Member Paid	Total To	Total To
						Member	Subsidy	Premium To Remit	Admin Fee To Remit	Carrier	Client
Smith, Frank	xxx-xx-7888	\$36.00	\$0.72	\$36.72	\$0.00	\$0.72	\$0.00	\$36.00	\$0.00	\$0.00	\$36.00
Plan Total:		\$36.00	\$0.72	\$36.72	\$0.00	\$0.72	\$0.00	\$36.00	\$0.00	\$0.00	\$36.00
Premium Month Total:		\$611.00	\$12.22	\$623.22	\$0.00	\$12.22	\$0.00	\$611.00	\$0.00	\$0.00	\$611.00

Mason's Masonry Client Totals:	Remit To Client Adjustment Total:	\$0.00
	Remit To Client Total:	\$611.00
	Subsidized Bookable Admin Fee	\$0.00
	Remit To Carrier - Adjust with Client Adjustment Total:	\$0.00
	Client Remittance Total:	\$611.00
	Remit To Carrier Total:	\$0.00

The Remittance Report will reflect what premium payments are being remitted and for which Members. The Remittance will equal the check or direct deposit you receive.

Carrier Notifications

- **If ABG is responsible for notifying the carriers** on your behalf we will do so the morning the Reinstatement or Termination Notice is produced.
- **If you (or your broker) are responsible for notifying the carriers**, we will send an email the morning the Notices are produced.
 - The email will be sent from our processing team: pvgssupport@amben.com.
 - The email Subject Line will be: Company Name - Today's Carrier Notices Require Attention.
 - The Notice(s) that need to be processed will be attached as PDFs. (see next slide for sample)
- Reinstatement Notices are produced the business day after the Member has elected COBRA and made their first month's premium payment.

KEEP IN MIND:

- Please remember to terminate the active employee coverage at the time of the qualifying event.
- If ABG handles your FSA or HRA administration, **you must notify them separately**. Please contact the Flexible Benefits Department at: processing@amben.com or call them at 800-499-3539, Opt. 2 to terminate an employees FSA or HRA.



Carrier Notifications (Sample Notice)

Blue Cross Blue Shield
 ATTN: Customer Service
 123 Floor St
 Somewhere, AA 01020

Phone: (800)555-1313
 Email: customerservice@BCBS.com

6/11/2015

Plan Name & Carrier Plan ID
 The plan & any group number or plan ID is listed here

Dear Customer Service:

Below are the coverage continuation notifications for participants for the Clients and Plans shown. Please adjust your records to reflect these coverage continuation notifications.

Client: **Mason's Masonry**
 Client Division: **Mason's Masonry**
 EIN: **12-3456789**

Plan Name: **BCBS PPO Medical Plan**
 Carrier Plan Identification: **BCBS 555**

Notification Type: **Reinstatement (election)**

The participants below have elected continuation and should have their coverage reinstated as of the effective date shown.

Member Name	SSN	DOB	Member Address
Stanley, Jennifer	445-22-9999	12/18/1974	123 Main Street Central Park, NY 12345

Effective Date	COBRA Event Type	Last Day of COBRA	Level Of Coverage
9/1/2014	Termination	2/29/2016	QB + Spouse

Dependent	Relationship	SSN	DOB
Stanley, Sean 123 Main Street Central Park, NY 12345	Spouse	888-22-4444	1/24/1974

Notification Type
 The type of change will be listed here with an explanation of the change. Examples are:

- Reinstatement
- Termination (or Termination only for dependents if just dependents are to be dropped)
- Plan Add (the Member or Dependent should be *enrolled* onto the plan listed)
- Status Change (the coverage level needs to be updated.)
- Address Change

Continued on next slide...



Carrier Notifications (Sample Notice *continued...*)

Blue Cross Blue Shield
ATTN: Customer Service
123 Floor St
Somewhere, AA 01020

Phone: (800)555-1313
Email: customerservice@BCBS.com

6/11/2015

Dear Customer Service:

Below are the coverage continuation notifications for participants for the Clients and Plans shown. Please update your records to reflect these coverage continuation notifications.

Client: **Mason's Masonry**
Client Division: **Mason's Masonry**
EIN: **12-3456789**

Plan Name: **BCBS PPO Medical Plan**
Carrier Plan Identification: **BCBS 555**

Notification Type: **Reinstatement (election)**
The participants below have elected continuation and should have their coverage reinstated as of the effective date shown.

Member Name	SSN	DOB	Member Address
Stanley, Jennifer	445-22-9999	12/18/1974	123 Main Street Central Park, NY 12345

Effective Date

9/1/2014

COBRA Event Type

Termination

Last Day of COBRA

2/29/2016

Level Of Coverage

QB + Spouse

Dependent

Stanley, Sean
123 Main Street
Central Park, NY 12345

Relationship

Spouse

SSN

888-22-4444

DOB

1/24/1974

Effective Date
The notifications should **ALWAYS** be processed for the effective date listed. If the notification is a termination, the effective date reflects the Member's **last day of coverage** under the plan.

Last Day of COBRA
This is the last day of the Member's Federal COBRA eligibility (the end of their 18, 29 or 36 months). When the notification is a termination, *this date does not change*. The Member should still be terminated for the **effective date listed**.



Wrap Up & Final Notes

The COBRA team at ABG is here to help you!

Feel free to call us or send us an email with any questions you may have and give our contact information to your Members. We respond to emails by the next business day.

Office Hours: Monday - Friday: 8:30am to 5:00pm EST

Tel: 800-499-3539 - Option 3 **Local:** 413-584-9923 - Option 3

Email: COBRAsupport@amben.com
(please add your company name in the subject line).

- All emails & attachments containing Protected Health Information (PHI) should be sent as secure.
- Please use the following address in your web browser if you are unable to send emails securely: sendsecure.amben.com

Correspondence:
American Benefits Group
PO Box 1209
Northampton, MA 01061-1209

Overnight Mail / Physical Address:
American Benefits Group
320 Riverside Drive
Florence, MA 01062

Processing Center:
American Benefits Group
PO Box 2449
Omaha, NE 68103



Thank you for watching!

Contact us with any questions

cobrasupport@amben.com