



**AMERICAN BENEFITS GROUP**

*My COBRA Resource*

# COBRA SYSTEM TRAINING

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



## 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.



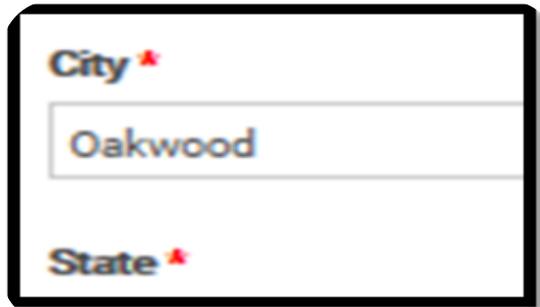
## Reminders

- 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](mailto:cobrasupport@amben.com).
- Some changes may result in a new COBRA Specific Rights Notice being sent and the 60 day election window may restart.



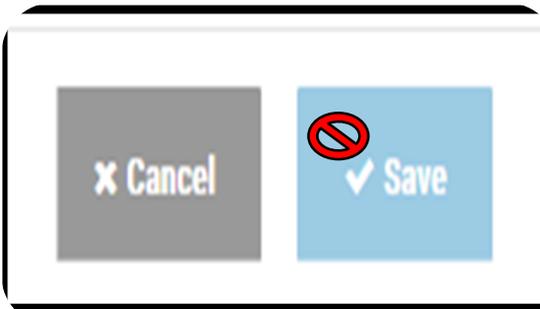
Employee ?  
 Dependent ?

- Hover over question marks for additional information regarding certain fields
- Hover over report names for detailed explanations as well



City \*  
Oakwood  
State \*

- Required fields have a red asterisk.



- If this symbol appears when trying to save, then a required field is not completed.
- Review all required fields, update necessary fields and submit again.

If your company has, or will have imports

ABG will send an email when the files are live, until then follow these steps for entering records

Once files are live, you do not have to complete the steps that follow

You can still manually enter records, especially if it's an emergency

As long as the SSN, Event date and division are the same, it won't duplicate the record

Files are processed within one business day of when they're received

Completed records are viewable as soon as the file has been processed (assuming no errors)

Letters go out the next business day and you can see them in the system once mailed

Subsidies **MUST** be manually added.

With one login you may access to three types of Members

## **New Hire**

An individual who is a current employee and not yet receiving COBRA benefits.

## **New Hires**

Must be entered within the first 90 days of coverage.

General Rights Notice is mailed the next business day.

## **Qualified Beneficiary**

An individual who has lost group health plan coverage due to a qualifying event such as termination or retirement. The individual must be a covered employee, spouse of a covered employee, or the dependent child of a covered employee.

## **Qualified Beneficiaries**

Must be entered within 30 days of the qualifying event or loss of coverage (whichever is later)

Specific Rights Notice is mailed the next business day.

# Basics of The Portal | Member Types

With one login you may access to three types of Members

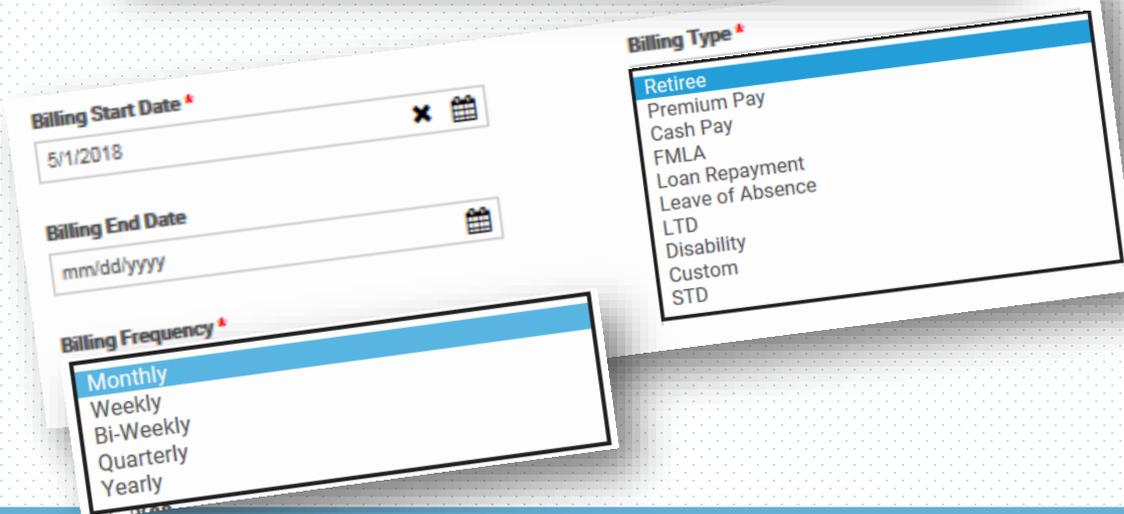
## Direct Bill

An individual who is billed on a regular schedule for one or more plans or benefits. The billing frequency and specific types of plans or benefits are not associated with any laws or regulations. Therefore, a Direct Bill record can be used differently for specific needs and business processes.

## Direct Bill

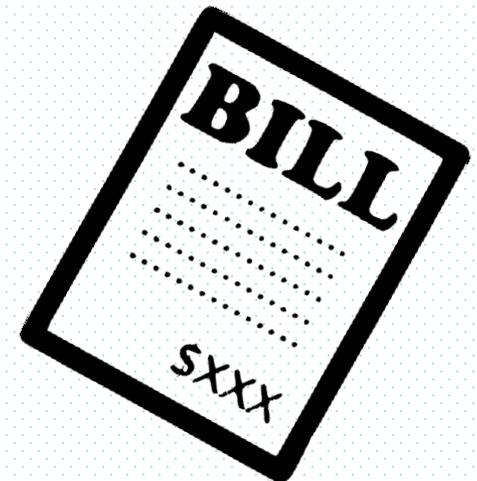
Billing based upon your own rules. Great for Retirees, FMLA, etc.

Additional service, contact us for more information.



The screenshot shows a web form with the following fields and options:

- Billing Start Date**: 5/1/2018
- Billing End Date**: mm/dd/yyyy
- Billing Frequency**: Monthly, Weekly, Bi-Weekly, Quarterly, Yearly
- Billing Type**: Retiree, Premium Pay, Cash Pay, FMLA, Loan Repayment, Leave of Absence, LTD, Disability, Custom, STD



**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

# Welcome Mason's Masonry

-  Home
-  Account ▾
-  Members ▾
-  Imports & Reports ▾
-  Recent Activity
-  Help ▾

## Home

 You Have No New Messages

[View All Messages](#)

<b>First Name</b>	<b>Last Name</b>	
<input type="text"/>	<input type="text"/>	
<b>SSN</b>	<b>Individual ID</b>	
<input type="text" value="XXX-XX-XXXX"/>	<input type="text"/>	
<b>Member ID</b>	<b>Member Type</b>	<b>Find Member</b>
<input type="text"/>	ALL ▾	


<b>Add Member</b>

# The Home Page

You can search for existing Members or add new Members right from your home page.



# Welcome Mason's Masonry

Home

Account ▾

Members ▾

Imports & Reports ▾

Recent Activity

Help ▾

## Home

You Have No New Messages

[View All Messages](#)

<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	  <b>Find Member</b>
<b>SSN</b> <input type="text" value="XXX-XX-XXXX"/>	<b>Individual ID</b> <input type="text"/>	
<b>Member ID</b> <input type="text"/>	<b>Member Type</b> ALL ▾	

  <b>Add Member</b>
--

# The Home Page

Use the menu bar to navigate to other portions of the Portal

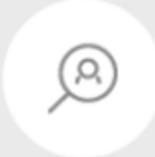
# Welcome Mason's Masonry

-  Home
-  Account ▾
-  Members ▾
-  Imports & Reports ▾
-  Recent Activity
-  Help ▾

## Home

 You Have No New Messages

[View All Messages](#)

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
SSN	Individual ID	
<input type="text" value="XXX-XX-XXXX"/>	<input type="text"/>	
Member ID	Member Type	
<input type="text"/>	ALL ▾	




The Home Page | Menu Bar  
Account tab shows you your company including demographics, contacts and plans.

# Welcome Mason's Masonry

 Home

 Account >

- Employer Profile
- Employer Settings
- Contacts
- Plans
- Bundles
- Continuation Rules
- Billing Frequency
- Divisions
- Communications

 Members ▾

 Import & Reports

## Employer Profile

Employer Group

**Demo Broker Group**

Employer Name

**Mason's Masonry**

DBA Name:

Employer Alternate ID:

Remittance Group:

EIN: **123456789**

Billing Start Date: **05/01/2014**

PRIMARY ADDRESS

PHONE NUMBERS

[EDIT](#)

# The Home Page

Members tab will allow you to add a new Member or search for an existing Member



# Welcome Mason's Masonry

Home

Account

Members

Add Member

Find Member

Imports & Reports

Recent Activity

Help

## Add Member

### Choose Member Type to Add

#### Qualified Beneficiary

An individual who has lost group health plan coverage due to a qualifying event such as termination or retirement. The individual must be a covered employee, spouse of a covered employee, or the dependent child of a covered employee.

Next

#### Direct Bill

An individual who is billed on a regular schedule for one or more plans or benefits. The billing frequency and specific types of plans or benefits are not associated with any laws or regulations. Therefore, a Direct Bill record can be used differently for specific needs and business processes.

Next

#### New Hire

An individual who is a current employee and not yet receiving COBRA benefits.

Next

# The Home Page

Imports & Reports allows you to pull live reports and access previously pulled reports from your job queue.



# Welcome Mason's Masonry

- Home
- Account
- Members
- Imports & Reports**

  - Imports
  - Accounting Reports
  - Standard Reports
  - Job Queue

- Recent Activity
- Help

## Job Queue

[Refresh](#)

### Active Jobs

Show 10 entries

Entered Date/Time	Category	Job Type	Started Date/Time	Completed Date/Time	Download Results	Message
> 08/25/2015   3:32 PM	Import	Import	08/25/2015   3:32 PM	08/25/2015   3:32 PM	<a href="#">View</a>	Complete
> 08/25/2015   3:23 PM	Import	Import	08/25/2015   3:23 PM	08/25/2015   3:23 PM	<a href="#">View</a>	Complete
> 06/12/2015   12:41 PM	Report	Generated Letters Summary	06/12/2015   12:41 PM	06/12/2015   12:41 PM	<a href="#">View</a>	
> 06/12/2015   12:40 PM	Report	Generated Letters Detail	06/12/2015   12:40 PM	06/12/2015   12:40 PM	<a href="#">View</a>	

Showing 1 to 4 of 4 entries

# The Home Page

Recent Activity allows you to see recently used records and re-visit them with one click.

# Welcome Mason's Masonry

-  Home
-  Account ▾
-  Members ▾
-  Imports & Reports ▾
-  **Recent Activity**
-  Help ▾

## Recent Activity

### Most Recently Used Qualified Beneficiaries ▾

Show  entries

Last Accessed ▾	Member	SSN	Qualifying Event Date	Employer
06/01/2018   12:47 PM	Dell, Sarah	888-55-5699	07/12/2015	Mason's Masonry
08/25/2015   3:33 PM	Import, Test A	123-45-6789	08/19/2015	Mason's Masonry
08/25/2015   2:38 PM	Stanley, Jennifer	445-22-9999	08/27/2014	Mason's Masonry
08/25/2015   2:38 PM	Jones, Marilyn	888-99-9745	10/01/2014	Mason's Masonry
08/25/2015   2:38 PM	Lewis, Tom	111-55-5888	02/01/2015	Mason's Masonry
08/25/2015   2:38 PM	Member, Example	888-99-7456	02/01/2015	Mason's Masonry

Adding Members | New Hires  
Select ADD Member from the home page or the menu bar

# Welcome Mason's Masonry

-  Home
-  Account ▾
-  Members ▸
- Add Member**
- Find Member
-  Imports & Reports ▾
-  Recent Activity
-  Help ▾

## Home

 You Have No New Messages [View All Messages](#)

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
SSN	Individual ID	
<input type="text" value="XXX-XX-XXXX"/>	<input type="text"/>	
Member ID	Member Type	<b>Find Member</b>
<input type="text"/>	ALL ▾	

  
**Add Member**

# Welcome Mason's Masonry

-  Home
-  Account ▾
-  Members >
- Add Member**
- Find Member
-  Imports & Reports ▾
-  Recent Activity
-  Help ▾

## Add Member

### Choose Member Type to Add

**Qualified Beneficiary**

An individual who has lost group health plan coverage due to a qualifying event such as termination or retirement. The individual must be a covered employee, spouse of a covered employee, or the dependent child of a covered employee.

**Next**

**Direct Bill**

An individual who is billed on a regular schedule for one or more plans or benefits. The billing frequency and specific types of plans or benefits are not associated with any laws or regulations. Therefore, a Direct Bill record can be used differently for specific needs and business processes.

**Next**

**New Hire**

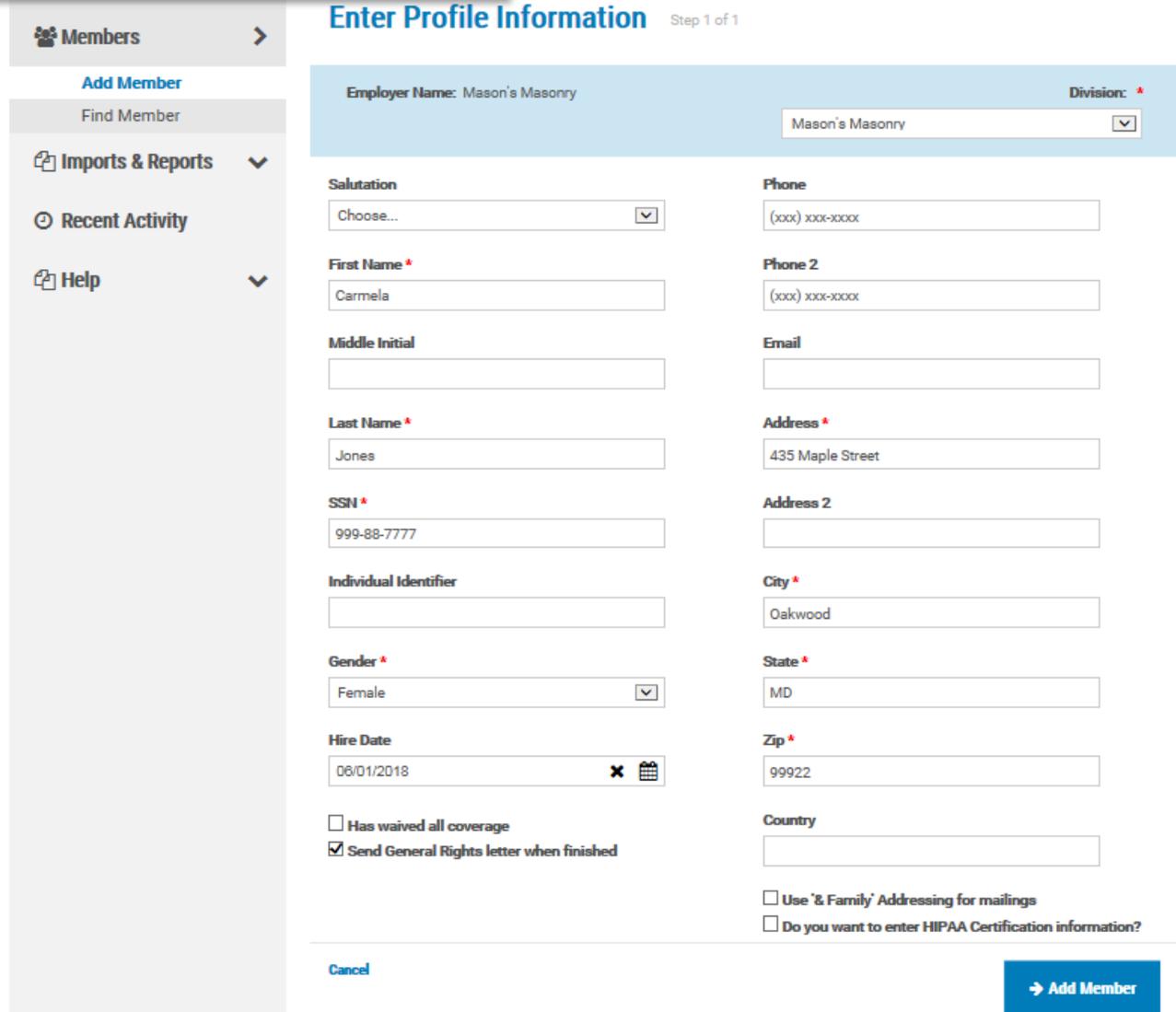
An individual who is a current employee and not yet receiving COBRA benefits.

**Next**

# Adding Members | New Hires

- Fields with a red asterisk are required\*
- Enter demographics
- **Check Use ‘& Family’ addressing for mailings** if there are dependents.
- 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 Add Member to complete the entry.**

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



**Members** >

**Add Member**

Find Member

Imports & Reports

Recent Activity

Help

### Enter Profile Information

 Step 1 of 1

Employer Name: Mason's Masonry Division: \*  
Mason's Masonry

Salutation: Choose... (v)

Phone: (xxx) xxx-xxxx

First Name \*: Carmela

Phone 2: (xxx) xxx-xxxx

Middle Initial:

Email:

Last Name \*: Jones

Address \*: 435 Maple Street

SSN \*: 999-88-7777

Address 2:

Individual Identifier:

City \*: Oakwood

Gender \*: Female (v)

State \*: MD

Hire Date: 06/01/2018 x

Zip \*: 99922

Country:

Has waived all coverage

Send General Rights letter when finished

Use '& Family' Addressing for mailings

Do you want to enter HIPAA Certification information?

Cancel

**→ Add Member**

Adding Members | Qualified Beneficiaries  
Select ADD Member from the home page or the menu bar.

# Welcome Mason's Masonry

- Home
- Account ▾
- Members ▸
  - Add Member**
  - Find Member
- Imports & Reports ▾
- Recent Activity
- Help ▾

## Home

You Have No New Messages [View All Messages](#)

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
SSN	Individual ID	
<input type="text" value="XXX-XX-XXXX"/>	<input type="text"/>	
Member ID	Member Type	
<input type="text"/>	ALL ▾	<b>Find Member</b>



**Add Member**

Adding Members | Qualified Beneficiary  
Choose "NEXT" under Qualified Beneficiary.

# Welcome Mason's Masonry

- Home
- Account ▾
- Members >
- Add Member**
- Find Member
- Imports & Reports ▾
- Recent Activity
- Help ▾

## Add Member

### Choose Member Type to Add

#### Qualified Beneficiary

An individual who has lost group health plan coverage due to a qualifying event such as termination or retirement. The individual must be a covered employee, spouse of a covered employee, or the dependent child of a covered employee.

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#### Direct Bill

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Next

#### New Hire

An individual who is a current employee and not yet receiving COBRA benefits.

Next

# Adding Members | Qualified Beneficiary

## Step 1 of 7 – Demographics

### Enter Profile Information

Step 1 of 7

- Fields with a red asterisk are required\*
- Enter demographics
- Select **NEXT** to continue

Employer Name: Mason's Masonry

Division: \* Mason's Masonry

Salutation

Choose...

First Name \*

Carmela

Middle Initial

Last Name \*

Jones

Address \*

435 Maple Street

Address 2

Phone

(123) 555-9876

Phone 2

(xxx) xxx-xxxx

Email

carmelajones@email.com

SSN \*

999-88-7777

Individual Identifier

Gender \*

Choose...

# Adding Members | Qualified Beneficiary

Step 2 of 7 – Employee & Qualifying Event Information

- **Tobacco Use, Employee Type** and **Payroll Type** can be left as unknown.
- **Premium Coupon Type** should be left as *Coupon Book*.
- **Has his Member already been offered COBRA** should always be **NO** even if they were previously offered COBRA for a different qualifying event.

## Enter Employee Information

Step 2 of 7

**Tobacco Use \***  
Unknown

**Employee Type \***  
Unknown

**Payroll Type \***  
Unknown

**Years of Service**  
[Text Input]

**Premium Coupon Type \***  
Coupon Book

**Event Category \***  
 Employee ?  
 Dependent ?

**Event Type \***  
Choose...

**Event Date \***  
mm/dd/yyyy

**Date of Hire/Enrollment Date \***  
mm/dd/yyyy

**Has this member already been offered COBRA? \***  
 Yes  
 No

Cancel

← Previous    → Save & Continue

# Adding Members | Qualified Beneficiary

## Step 2 of 7 – Employee & Qualifying Event Information

### Enter Employee Information

Step 2 of 7

Tobacco Use \*

Employee Type \*

Payroll Type \*

Years of Service

Premium Coupon Type \*

Event Category \*

Employee ?

Dependent ?

Event Type \*

Event Date \*

Date of Hire/Enrollment Date \*

Has this member already been offered COBRA? \*

Yes

No

Cancel

← Previous

→ Save & Continue

- **Event Category** should be **Employee** if the employee (and any covered dependents) lost coverage
- **Event Type** – choose from drop down list
- **Event Date** should ALWAYS be the actual date of the qualifying event
- **Date of Hire/Enrollment Date** is the original enrollment date. If not know, the date of hire or first of plan year is okay.

# Adding Members | Qualified Beneficiary

## Step 2 of 7 – Employee & Qualifying Event Information

### Enter Employee Information

Step 2 of 7

- **Event Category** should be **Dependent** if only the dependents have lost coverage.
- **Three additional fields are needed in this case:**
- **Employee Name** the name of the employee whose plan they were previously on
- **Employee SSN** the SSN for the above mentioned employee
- **Second Event** should be no. (only applicable if they were active on COBRA at the time of this event)

Tobacco Use \*

Unknown

Employee Type \*

Unknown

Payroll Type \*

Unknown

Years of Service

Premium Coupon Type \*

Coupon Book

#### EMPLOYEE INFORMATION

Employee Name \*

Robert Jones

Event Category \*

Employee ?

Dependent ?

Event Type \*

Ineligible Dependent

Event Date \*

05/19/2018

Date of Hire/Enrollment Date \*

01/01/2018

Employee SSN \*

555-22-4444

Has this member already been offered COBRA? \*

Yes

No

Second Event? \*

Yes

No

← Previous

→ Save & Continue

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- Select Add Plan

### Enter Plan Information Step 3 of 7

+ Add Plan

#### Plans

Plan Name	Start Date	End Date	Coverage Level	Rate
No data to display				

#### Bundles

Bundle Name	Start Date	End Date	Coverage Level	Rate
No data to display				

Cancel

← Previous

→ Save & Continue

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- Choose the **plan** and **coverage level**
- **NOTE:** the rate that appears here **does not** include the 2% administration fee.
- The **plan coverage information** and **coverage period** will be prefilled based upon the qualifying event and plan entered. **Do not change these fields**
- Select **Save**

### Enter Plan Information

+ Add Plan

#### Plans

Plan Name

No data to display

#### Bundles

Bundle Name

No data to display

Cancel

### Add Plan

Plan

Bundle

Plan \*

Freedom Medical Plan

Coverage Level \*

QB + Spouse

**Plan rate for the selected coverage level is: \$489.00**

#### PLAN COVERAGE INFORMATION

18

Months of Coverage \*

60

Days to Elect \*

45

Days to Make 1st Payment \*

30

Days to Make Subsequent Payments \*

#### COVERAGE PERIOD

Editing this date changes the First and Last day of Coverage

First Day of Coverage: \*

06/01/2018



Last Day of Coverage:

11/30/2019

✕ Cancel

✓ Save

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- The Plan has been saved.
- You can expand the plan to see the plan details.

## Enter Plan Information Step 3 of 7

**Freedom Medical Plan has been successfully added**

[+ Add Plan](#)

## Plans

### MEDICAL

Plan Name	Start Date	End Date	Coverage Level	Rate	
<a href="#">Freedom Medical Plan</a>	06/01/2018	11/30/2019	QB + Spouse	\$489.00	<a href="#">Edit</a> <a href="#">D</a>
<b>First Day of Coverage:</b> 06/01/2018		<b>Days Elect:</b> 60			
<b>Last Day of Coverage:</b> 11/30/2019		<b>Days 1st Payment:</b> 45			
<b>Months Coverage:</b> 18		<b>Days subpayment:</b> 30			
				<b>Status:</b> Pending	

## Bundles

Bundle Name	Start Date	End Date	Coverage Level	Rate
No data to display				

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- Select **ADD Plan** to add all COBRA eligible benefits they were on at the time of their qualifying event.

Home

Add Member

Find Member

Imports & Reports

Recent Activity

Help

## Add Qualified Beneficiary

### Enter Plan Information Step 3 of 7

+ Add Plan

### Plans

#### MEDICAL

Plan Name	Start Date	End Date	Coverage Level	Rate
> Freedom Medical Plan	06/01/2018	11/30/2019	QB + Spouse	\$489.00 <a href="#">Edit</a> <a href="#">Drop</a> <a href="#">Delete</a>

### Bundles

Bundle Name	Start Date	End Date	Coverage Level	Rate
No data to display				

Cancel

← Previous

→ Save & Continue

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- When adding an FSA or a Medical Plan which requires manual rates:
  - A rates section will automatically appear once such a plan is chosen
  - You must add the rate to save the plan.
- Note: for the FSA the months of coverage will automatically update to only allow continuation through the remainder of the plan year.
- Select **ADD RATE**

### Enter Plan Information

Delta Dental PPO

+ Add Plan

### Plans

#### DENTAL

Plan Name

> Delta Dental PPO Plan

#### MEDICAL

Plan Name

> Freedom Medical Plan

### Add Plan

Plan

Bundle

Plan \*

ABG \_ FSA

Coverage Level \*

QB + Family

#### PLAN COVERAGE INFORMATION

8

Months of Coverage \*

60

Days to Elect \*

45

Days to Make 1st Payment \*

30

Days to Make Subsequent Payments \*

**COVERAGE PERIOD** Editing this date changes the First and Last day of Coverage

First Day of Coverage: \*

05/20/2018

Last Day of Coverage:

01/19/2019

**RATES \***

+ Add Rate

Start Date

End Date

Rate

No data to display

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- Enter the **Start Date**
  - This must match the first day of coverage listed above
- Leave the **End Date** blank
- Enter the **rate** without the 2%
  - (see later slide for steps on calculating FSA rate)
- Select **ADD**

### Enter Plan Information

#### Delta Dental PPO

+ Add Plan

### Plans

#### DENTAL

Plan Name

> Delta Dental PPO Plan

#### MEDICAL

Plan Name

> Freedom Medical Plan

30 Days to Make Subsequent Payments \*

**COVERAGE PERIOD** Editing this date changes the First and Last day of Coverage

First Day of Coverage: \* Last Day of Coverage:  
 05/20/2018 01/19/2019

**RATES \***

+ Add Rate

Start Date \* End Date  
 05/20/2018 mm/dd/yyyy

Rate \*  
 100

↓ Add Cancel

Start Date	End Date	Rate
No data to display		

Showing 0 to 0 of 0 entries

# Adding Members | Qualified Beneficiary

## Step 3 of 7 – Plan Information

- Select **SAVE** to save the plan.

Enter Plan Information

Delta Dental PPO

+ Add Plan

Plans

DENTAL

Plan Name

> Delta Dental PPO Plan

MEDICAL

Plan Name

> Freedom Medical Plan

QB + Family

### PLAN COVERAGE INFORMATION

8 Months of Coverage \*

60 Days to Elect \*

45 Days to Make 1st Payment \*

30 Days to Make Subsequent Payments \*

### COVERAGE PERIOD

Editing this date changes the First and Last day of Coverage

First Day of Coverage: \* 05/20/2018

Last Day of Coverage: 01/19/2019

### RATES \*

+ Add Rate

Start Date	End Date	Rate	
05/20/2018		\$100.00	Edit Delete

Showing 1 to 1 of 1 entries

Cancel Save

- Select **SAVE** & Continue to move on to dependents once all plans have been added.

### Enter Plan Information Step 3 of 7

**ABG \_ FSA has been successfully added**

+ Add Plan

## Plans

### DENTAL

Plan Name	Start Date	End Date	Coverage Level	Rate	
> Delta Dental PPO Plan	06/01/2011	11/30/2011	QB + Spouse	\$55.00	Edit Drop Delete

### FLEXIBLE SPENDING ACCOUNT

Plan Name	Start Date	End Date	Coverage Level	Rate	
> ABG _ FSA	05/20/2010	01/19/2011	QB + Family	\$100.00	Edit Drop Delete

Cancel

← Previous

→ Save & Continue

## 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 and divide 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 pro-rate the premium for the 1<sup>st</sup> month if the first day of COBRA is mid-month.**

 If you forget to enter the rate, you will not be able to save the plan 

# Adding Members | Qualified Beneficiary

## Step 4 of 7 - Dependents

### Dependents Step 4 of 7

[+ Add Dependent](#)

Name	Relationship	Date of Birth	SSN	Gender
No data to display				

[Cancel](#)

[← Previous](#)

[→ Save & Continue](#)

- **Select *Add Dependent***
- If there are no dependents select **Save & Continue** to skip this step.

# Adding Members | Qualified Beneficiary

## Step 4 of 7 - Dependents

- Complete the required fields
  - **Relationship**
  - **First Name**
  - **Last Name**
  - **Plan Start Date** (this will pre-fill with the first day of COBRA one the relationship is chosen)
- ABG recommends adding the **SSN, DOB** and **gender** if available for more accurate reporting.
- If any of your plans are based on age and/or gender, you **must** also add the **DOB** and/or **Gender**

Dependent

+ Add Dependent

Name

No data to display

Cancel

**Relationship \***

Spouse

Qualified Medical Child Support Order (QMCSO)

**Salutation**

Choose...

**First Name \***

Jordan

**Middle Initial**

**Last Name \***

Jones

**SSN**

333-22-1111

**Date of Birth**

12/16/1985

**Gender**

Male

**Enrollment Date**

mm/dd/yyyy

**Plan Start Date \***

05/20/2018

Address same as Qualified Beneficiary

**Address \***

435 Maple Street

**Address 2**

**City \***

Oakwood

**State \***

MD

**Zip \***

99922

**Country**

**Phone**

(xxx) xxx-xxxx

**Phone 2**

(xxx) xxx-xxxx

**Email**

AVAILABLE DEPENDENT PLAN(S)

# Adding Members | Qualified Beneficiary

## Step 4 of 7 - Dependents

- After the start date auto populates you will have the option to choose benefits from **Available Dependent Plans**
- Select the plan(s) the dependent was enrolled in at the time of the qualifying event by checking the box next to the plan name.
- Select **Add Selected Dependent Plan(s)** to add the plan(s)
  - **You must select and save at least one plan in order to save the dependent.**

**Middle Initial**

**State \***

**Last Name \***

**Zip \***

**SSN**

**Country**

**Date of Birth**

**Phone**

**Gender**

**Phone 2**

**NAME**

**Enrollment Date**

**Email**

**AVAILABLE DEPENDENT PLAN(S)**

<input type="checkbox"/> Deselect All	Plan Name	Start Date	End Date	Plan Type
<input checked="" type="checkbox"/>	ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account

**ADD SELECTED DEPENDENT PLAN(S)**

**ADDED DEPENDENT PLAN(S)**

Plan Name	Start Date	End Date	Plan Type
No data to display			

# Adding Members | Qualified Beneficiary

## Step 4 of 7 - Dependents

- The selected and saved plans move down to **Added Dependent Plans(s)**

**Dependent**

**Middle Initial**

**Last Name \***

**SSN**

**Date of Birth**

**Gender**

**State \***

**Zip \***

**Country**

**Phone**

**Phone 2**

**Email**

**+ Add Dependent**

### AVAILABLE DEPENDENT PLAN(S)

[- Deselect All](#) Plan Name

Start Date

End Date

Plan Type

No data to display

[↓ ADD SELECTED DEPENDENT PLAN\(S\)](#)

### ADDED DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type	
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account	<a href="#">Drop</a> <a href="#">Delete</a>

[× Cancel](#)

[✓ Save](#)

# Adding Members | Qualified Beneficiary

## Step 4 of 7 - Dependents

- If some plans have different start dates, adjust the **Plan Start Date** and add any remaining available plan(s)

Dependent

Middle Initial

Last Name \*

SSN

State \*

Zip \*

Country

Plan Start Date \*

✕ 📅

**AVAILABLE DEPENDENT PLAN(S)**

[- Deselect All](#) Plan Name

	Plan Name	Start Date	End Date	Plan Type
<input checked="" type="checkbox"/>	Delta Dental PPO Plan	06/01/2018	11/30/2019	Dental
<input checked="" type="checkbox"/>	Freedom Medical Plan	06/01/2018	11/30/2019	Medical

[↓ ADD SELECTED DEPENDENT PLAN\(S\)](#)

**ADDED DEPENDENT PLAN(S)**

Plan Name	Start Date	End Date	Plan Type	
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account	<a href="#">Drop</a> <a href="#">Delete</a>

[✕ Cancel](#)

[✓ Save](#)

# Adding Members | Qualified Beneficiary

## Step 4 of 7 - Dependents

- Once all plans have been added, select **Save**.

Dependent

<b>Middle Initial</b>	<input type="text"/>	<b>State *</b>	<input type="text" value="MD"/>
<b>Last Name *</b>	<input type="text" value="Jones"/>	<b>Zip *</b>	<input type="text" value="99922"/>
<b>SSN</b>	<input type="text" value="333-22-1111"/>	<b>Country</b>	<input type="text"/>
<b>Date of Birth</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>

### AVAILABLE DEPENDENT PLAN(S)

[Deselect All](#) Plan Name

No data to display

[ADD SELECTED DEPENDENT PLAN\(S\)](#)

### ADDED DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type		
Freedom Medical Plan	06/01/2018	11/30/2019	Medical	<a href="#">Drop</a>	<a href="#">Delete</a>
Delta Dental PPO Plan	06/01/2018	11/30/2019	Dental	<a href="#">Drop</a>	<a href="#">Delete</a>
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account	<a href="#">Drop</a>	<a href="#">Delete</a>

# Adding Members | Qualified Beneficiary

## Step 4 of 7 – Dependents

- The Dependent has been added. You may expand their name to see more information.
- **Select *Save & Continue* to move on to subsidies.**

## Dependents Step 4 of 7

**Jordan Jones has been successfully added as a Dependent**

[+ Add Dependent](#)

Name	Relationship	Date of Birth	SSN	Gender	
▼ Jones, Jordan	Spouse	12/16/1985	333-22-1111	M	<a href="#">Edit</a> <a href="#">Delete</a>
Email: Phone: Phone 2:		Address: Same as Qualified Member			
<b>DEPENDENT PLAN(S)</b>					
Plan Name	Start Date	End Date	Plan Type		
Freedom Medical Plan	06/01/2018	11/30/2019	Medical		
Delta Dental PPO Plan	06/01/2018	11/30/2019	Dental		
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account		

[Cancel](#)

[← Previous](#)

[→ Save & Continue](#)

# Adding Members | Qualified Beneficiary

## Step 5 of 7 – Subsidies

- Select **Add Subsidy Schedule**
- *If there will be no subsidy or it will be added later, select **Save & Continue** to skip this page.*

### Subsidies Step 5 of 7

[+ Add Subsidy Schedule](#)

Start Date	End Date	Plan Type	Subsidy Type	Subsidy Amount	Type	Amount
No data to display						

[Cancel](#)

[← Previous](#)

[→ Save & Continue](#)

# Adding Members | Qualified Beneficiary

## Step 5 of 7 – Subsidies

- All fields are required
- **Subsidy Schedule Start:** should always be the first of a month, even if coverage begins mid-month.
- **Subsidy Schedule End:** the last day of coverage you are paying for. (see next slide for a note on mid-month end dates)
- **Subsidy Schedule Amount Type:** percentage or flat amount
- **Amount:** Enter the percentage or flat amount the employer is paying towards the coverage. The Member will be charged the difference
- **Insurance Type:** Select from drop-down menu.
- Select **Add** to save.

## Subsidies Step 5 of 7

+ Add Subsidy Schedule

### Add Subsidy Schedule

Subsidy Schedule Start: \*

07/01/2018

Subsidy Schedule End: \*

07/31/2018

Subsidy Schedule Type: \*

Employer Subsidy

Subsidy Schedule Amount Type: \*

Percentage

Plan Type: \*

Medical

Amount: \*

100.00%

**Subsidy Schedule has been successfully added**

+ Add Subsidy Schedule

Start Date	End Date	Plan Type	Subsidy Type	Subsidy Amount Type	Amount
07/01/2018	07/31/2018	Medical	Employer Subsidy	Percentage	100.00%

### 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.

# Adding Members | Qualified Beneficiary

## Step 5 of 7 – Subsidies

- The Subsidy has been saved.
- Select **Add Subsidy Schedule** & repeat steps for each subsidy & insurance type.
  - Multiple subsidy schedules can be added for the same insurance type, provided the dates do not overlap.
- Select **Save & Continue** to move on to letter inserts.

## Subsidies Step 5 of 7

**Subsidy Schedule has been successfully added**

+ Add Subsidy Schedule

Start Date	End Date	Plan Type	Subsidy Type	Subsidy Amount Type	Amount
07/01/2018	07/31/2018	Medical	Employer Subsidy	Percentage	100.00%

Cancel

← Previous

→ Save & Continue

# Adding Members | Qualified Beneficiary

## Step 6 of 7 – Letter Inserts

- If a **Letter Insert** applies, check the box.
- *Letter inserts are attached to the end of the Specific Rights Notice.*
- Select **Save & Continue** to move on to letter attachments or skip.

### Letter Inserts Step 6 of 7

- California Specific Rights Letter Insert
- Commonwealth of VA Continuation
- Connecticut Specific Rights Letter Insert
- Georgia State Continuation
- Illinois State Continuation
- Minnesota Continuation Specific Rights Insert
- Minnesota Life Specific Rights Letter Insert
- New York State Continuation
- Oregon Specific Rights Letter Insert
- Rhode Island State Continuation
- Texas Specific Rights Letter Insert
- VEBA Specific Rights Letter Insert

Cancel

← Previous

→ Save & Continue

# Adding Members | Qualified Beneficiary

Step 7 of 7 – Letter Attachments

- If a **Letter Attachment** is available, and applicable, you will be able to select it here.
- *This will not apply for most members.*
- Select **Add Member** to finish the entry.

## Letter Attachments Step 7 of 7

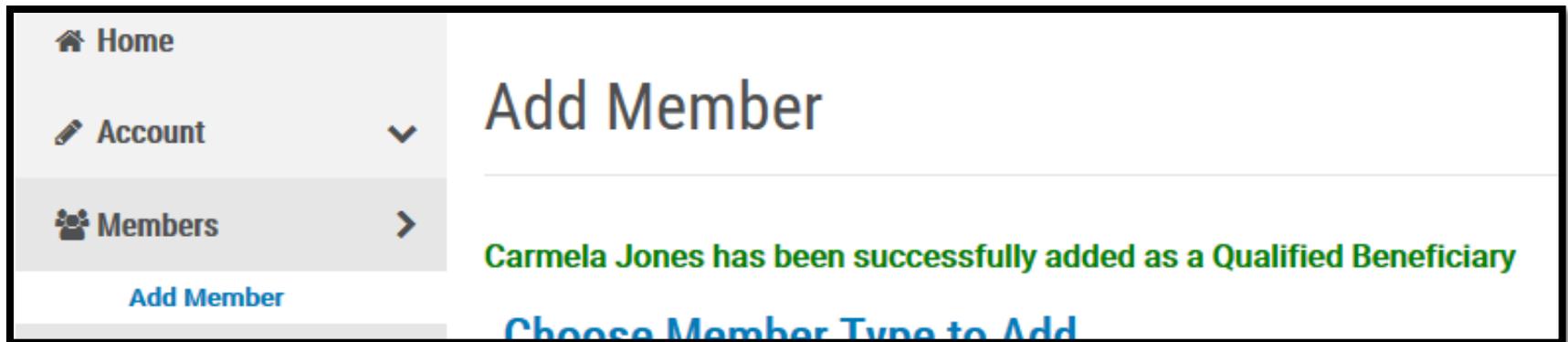
Attach Name

No data to display

Cancel

← Previous

→ Add Member



The screenshot shows a navigation sidebar on the left with the following items: Home (with a house icon), Account (with a pencil icon and a dropdown arrow), and Members (with a group icon and a right-pointing arrow). Below the sidebar is a blue button labeled "Add Member". The main content area displays the heading "Add Member" in a large font. Below the heading is a green success message: "Carmela Jones has been successfully added as a Qualified Beneficiary". At the bottom of the main area, the text "Choose Member Type to Add" is visible in blue.

# Find Members | View Records

Home

- **Search** for Members by name, SSN or ID number.
- **Search** through all databases at once, or for one member type at a time
- **Adjust** the number of search results you see at a time, from 10-100
- **Expand** search results to preview a record
- **Select the name** to view their record

## Find Member

<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text" value="jones"/>	<b>SSN</b> <input type="text" value="xxx-xx-xxxx"/>
<b>Member ID</b> <input type="text"/>	<b>Member Type</b> <input type="text" value="ALL"/>	<b>Individual ID</b> <input type="text"/>

**Find Member**

Show  entries

Member Type	Name ^	Member ID	SSN
> Qualified Beneficiary	JONES, BOB	1074	885-97-6666
▼ Qualified Beneficiary	Jones, Carmela	1085	999-88-7777
<p><b>Employer Name:</b> Mason's Masonry  <b>Employer Division Name:</b> Mason's Masonry  <b>Date of Birth:</b> 11/16/1984  <b>Qualifying Event Date:</b> 05/19/2018  <b>Individual ID:</b>  <b>Status:</b> Active</p>			
> New Hire	Jones, Carmela	1087	999-88-7777
> Qualified Beneficiary	Jones, Marilyn	1013	888-99-9745

Showing 1 to 4 of 4 entries

-  Home
-  Account ▼
-  Members ▶
  - Add Member
  - Find Member
  - Individual Member**
- Profile**
  - Plans & Bundles
  - Dependents
  - Subsidies
  - Payments
  - Premiums Paid
  - Premiums Due
  - Letter Inserts
  - Letter Attachments
  - Communications
  - Timeline
-  Imports & Reports ▼
-  Recent Activity
-  Help ▼



**Carmela Jones**  
Qualified Beneficiary Member | SSN: 999-88-7777

**Employer:** Mason's Masonry  
**Employer Division:** Mason's Masonry

---

<b>Event Date:</b> 05/19/2018	<b>First Day of Coverage:</b> 05/20/2018	
<b>Payment Due:</b> 06/01/2018	<b>Last Payment Postmark Date:</b> 07/26/2018	
<b>Amount Due:</b> \$554.88	<b>Unallocated Amount:</b> \$0.00	<b>Member Owes:</b> \$554.88

## Profile [Profile Report](#)

### Member Information ▼

<b>Name:</b> Carmela Jones	<b>Date of Birth:</b> 11/16/1984	<b>SSN:</b> 999-88-7777	<b>Gender:</b> F
<b>Address:</b> 435 Maple Street Oakwood, MD 99922	<b>Phone:</b>	<b>Phone 2:</b>	<b>Email:</b> isilva@amben.com
<b>Communication Preference:</b> USPS	<b>Employee Type:</b> Unknown	<b>Payroll Type:</b> Unknown	<b>Tobacco Use:</b> Unknown
<b>Individual Identifier:</b>	<b>Member Identifier:</b> 1085	<b>Years of Service:</b>	

### Event Information ▼

- All important dates and information are easy to locate at the top of their page.
  - (payment information is listed here also once they have elected)



## Carmela Jones

Qualified Beneficiary Member | SSN: 999-88-7777

**Employer:** Mason's Masonry  
**Employer Division:** Mason's Masonry

**Event Date:** 05/19/2018      **Last Day to Elect:** 07/19/2018      **First Day of Coverage:** 05/20/2018

**Member has not elected**

- Individual Member
  - Profile
  - Plans & Bundles
  - Dependents
  - Subsidies
  - Payments
  - Premiums Paid
  - Premiums Due
  - Letter Inserts
  - Letter Attachments
  - Communications
  - Timeline
- Imports & Reports
- Recent Activity
- Help

### Profile [Profile Report](#)

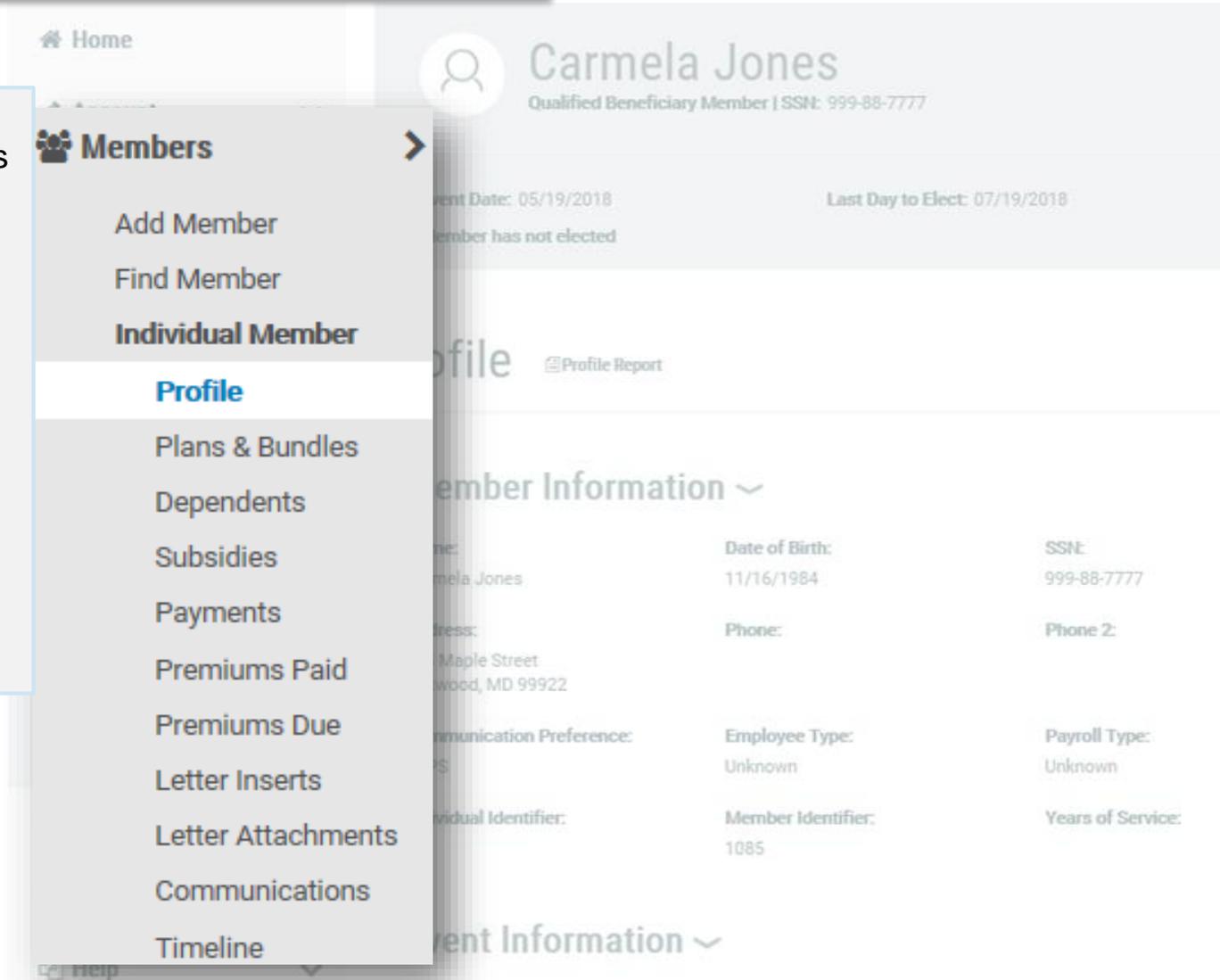
#### Member Information

<b>Name:</b> Carmela Jones	<b>Date of Birth:</b> 11/16/1984	<b>SSN:</b> 999-88-7777
<b>Address:</b> 435 Maple Street Oakwood, MD 99922	<b>Phone:</b>	<b>Phone 2:</b>
<b>Communication Preference:</b> USPS	<b>Employee Type:</b> Unknown	<b>Payroll Type:</b> Unknown
<b>Individual Identifier:</b>	<b>Member Identifier:</b> 1085	<b>Years of Service:</b>

#### Event Information

## Find Members | View Records

- **Subsidies** can be added any time on the subsidies page
- **Payments, Premiums Paid & Premiums Due** reflect the Member's accounting history
- **Communications** is where you can view a PDF copy of every letter mailed to the Member. Letters are available the same day they are mailed.



The screenshot displays the user interface of the American Benefits Group system. At the top, there is a navigation bar with a 'Home' icon and the name 'Carmela Jones' next to a profile icon. Below the navigation bar, a 'Members' menu is open, listing various options: 'Add Member', 'Find Member', 'Individual Member', 'Profile' (highlighted), 'Plans & Bundles', 'Dependents', 'Subsidies', 'Payments', 'Premiums Paid', 'Premiums Due', 'Letter Inserts', 'Letter Attachments', 'Communications', and 'Timeline'. The background shows the profile page for Carmela Jones, a 'Qualified Beneficiary Member' with SSN: 999-88-7777. Key dates include 'Event Date: 05/19/2018' and 'Last Day to Elect: 07/19/2018'. The page also displays 'Member Information' and 'Event Information' sections.

### 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

 **Carmela Jones** Last Login: Jun 11, 2018 at 12:45 PM CST | [Sign out](#)

 PROFILE

 PAYMENT INFO

 PREFERENCES

 COMMUNICATION ACTIVITY

 MESSAGES

 ELECTION

## Welcome Carmela Jones!

Welcome to the American Benefits Group Test self-service portal. Through this portal, you have access to make payments, set up recurring payments, access your demographic and plan information, view messages, and set up your preferences for payment, billing, and communications. You can also change information, send an inquiry, or request assistance.

Your next payment of **\$554.88** is due **Jun 01, 2018**

# Reports (Standard Reports & Accounting Reports)

## Reporting

- Two categories
  - **Standard**
  - **Accounting**
- Run in real time
- Scheduling option
- Run by division or for the whole company
- Four different formats
  - PDF
  - CSV
  - MDB
  - XML
- **Job Queue** saves results
- **Hover** over report names for a description of the report.



## Accounting Reports

### Choose Report Type

Choose ▼

- Choose
- Direct Bill Payment Activity
- Refund Request
- Remittance
- Subsidy Schedule

## Standard Reports

### Choose Report Type

Choose ▼

- Choose
- Carrier Notifications Pending
- Carrier Notifications Processed
- Direct Bill Aging Off
- Direct Bill Detail For ACA
- Direct Bill Plan Members
- Direct Bill Summary
- Email Notifications Detail
- Email Notifications Summary
- Generated Letters Detail
- Generated Letters Summary
- Member By Postal Code
- Member Status
- Members Without Plans

The 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.



## Accounting Reports

### Choose Report Type

Choose

- Choose
- Direct Bill Payment Activity
- Refund Request
- Remittance
- Subsidy Schedule

**Direct Bill Payment Activity** report listing the payment activity for Direct Billing participants within a certain time period. View premiums charged, premiums paid, and balances still owed by Members.

**Refund Request** report listing all refunds made to members during a specific date range.

**Remittance\*** report containing a detailed listing of all payments included in the remittance check or direct deposit. This report is posted by ABG on or around the 10<sup>th</sup> of each month and includes and payments received towards the previous month's premiums.

**Subsidy Schedule** report contains a listing of all Members who have subsidies associated with their records. It is run based on subsidy start date and subsidy end date.

***\*Recommended Reports***



## Standard Reports

### Choose Report Type

Choose

- Choose
- Carrier Notifications Pending
- Carrier Notifications Processed
- Direct Bill Aging Off
- Direct Bill Detail For ACA
- Direct Bill Plan Members
- Direct Bill Summary
- Email Notifications Detail
- Email Notifications Summary
- Generated Letters Detail
- Generated Letters Summary
- Member By Postal Code
- Member Status
- Members Without Plans
- New Hire
- Paid Through
- Plan Rate Renewal
- Proof Of Mail
- Qualified Beneficiary Detail For ACA
- Qualified Beneficiary Plan Members
- Qualified Beneficiary Summary

*Reports for DIRECT BILL only apply if you are using the direct billing service.*

**\*Recommended Reports**

**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

**Email Notifications Detail** report contains a listing of members who received an email within a specific date range.

**Email Notifications Summary** report lists a summary of the number of emails that were sent within a specific date range.

**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 letter types and number of letters sent 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\*** report lists all members who are pending or enrolled and any Members who terminated during a user provided data range.

*Continued on next slide...*



## Standard Reports

### Choose Report Type

Choose

- Choose
- Carrier Notifications Pending
- Carrier Notifications Processed
- Direct Bill Aging Off
- Direct Bill Detail For ACA
- Direct Bill Plan Members
- Direct Bill Summary
- Email Notifications Detail
- Email Notifications Summary
- Generated Letters Detail
- Generated Letters Summary
- Member By Postal Code
- Member Status
- Members Without Plans
- New Hire
- Paid Through
- Plan Rate Renewal
- Proof Of Mail
- Qualified Beneficiary Detail For ACA
- Qualified Beneficiary Plan Members
- Qualified Beneficiary Summary

*Reports for DIRECT BILL only apply if you are using the direct billing service.*

**\*Recommended Reports**

**Members Without Plans** report lists all members that do not have plans associated with them. All records must have assigned plans for Notices to be sent.

**New Hire** report contains a listing of all New Hire type members whose General Rights Notices 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.

**Qualified Beneficiary 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.

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

**Qualified Beneficiary Summary\*** report contains a listing of all qualified beneficiaries in the system grouped by status.

## Premium Reimbursement Process – “Remittance”

### Remittance Process

- This reimbursement process takes place on or around 10<sup>th</sup> of the month for previous months' premiums.

Employer pays premiums to carrier

*Typically a month or more in advance*

Members pay premiums to ABG (102%)

*Premiums are due on the 1<sup>st</sup> of the month with a regular 30 day grace period*

ABG remits premium back to Employer (100%)

*ABG retains 2% administration fee*

Employer pulls remittance report from ABG COBRA Portal which provides breakdown of members and premiums included in remittance check or direct deposit

# Reports (Remittance Reports)

## 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.

ABG will send an email when the remittance for the month is available. This email lists the report ID for you to pull.

This email is a blast notification to all COBRA clients, it is being sent to you even if you are not receiving a remittance this month. If you are not expecting a COBRA remittance, please disregard this message.

COBRA Remittances for the month of February have been processed. If you are expecting a COBRA Remittance please follow the instructions below to retrieve your report.

Log in to the COBRA employer portal by clicking on this link <https://cobra.mycobraprovider.com>. Once logged in, under the reports tab click Reports, Accounting Reports, and Remittance Report. You will be taken to a reports page. Remittances are processed in three groups; Remittance by Check, Remittance by ACH; and Remittance by Division. All three reports will be visible to you on the reports page identified by ID numbers, your report is only in the report ID number indicated below. If your company has the remittance broken out by division regardless if it is remitted by check or ACH please go to the report ID indicated below.

Remittance by ACH: Report ID #347  
Remittance by Check: Report ID #348  
Remittance by Division: Report ID #346  
Remittance by Carrier: Report ID #349

**We urge you to pull your report as soon as possible as some changes to the system may affect the availability of your report.** If you have any further questions regarding your report, please contact the COBRA Department at [cobrasupport@amben.com](mailto:cobrasupport@amben.com).

# Reports (Remittance Reports)

Select:

- **Imports & Reports**
- **Accounting Reports**
- **Remittance**

## Accounting Reports

Choose Report Type

Choose

- Choose
- Direct Bill Payment Activity
- Refund Request
- Remittance**
- Subsidy Schedule

The Remittance Report contains a detailed summary of all payments applied to premium months that are due to either the Employer or Carrier (minus bookable admin fees) through a specific date. The balance that is remitted to the Employer or Carrier is reflected in the Custodial Cash Balance Report. Running the Remittance report is the last step in the Remittance process.

## Accounting Reports

Find the **Report ID** referenced in the email from ABG and select **Report** on the right.

### Choose Report Type

Remittance

#### Description

The Remittance Report contains a detailed summary of all payments applied to premium months that are due to either the Employer or Carrier (minus bookable admin fees) through a specific date. The balance that is remitted to the Employer or Carrier is reflected in the Custodial Cash Balance Report. Running the Remittance report is the last step in the Remittance process.

### Remittance Reports

Show 10 entries

Report ID	Through Premium Due Date	Through Deposit Date	Posted	
> 19	01/31/2014		✓	<a href="#">Report</a>
> 18	12/31/2013		✓	<a href="#">Report</a>
> 17	11/30/2013		✓	<a href="#">Report</a>
> 16	10/31/2013		✓	<a href="#">Report</a>

You may run the report for one **Division** or all (if you do not have multiple divisions, this is not applicable)

Select your **Report Format** (*Adobe Reader Format (PDF) is recommended*)

**Run Report**

## Report Settings

**Report ID:** 19

**Begin Date:** 03/24/2014 | 10:30 AM

**End Date:** 03/24/2014 | 10:30 AM

**Through Premium Due Date:** 01/31/2014 | 12:00 AM

**Through Deposit Date:**

**User:** jbarcombtest@amben.com

**Employer Name:** Mason's Masonry

**Division:** Mason's Masonry



**Mask SSN on report**

### REPORT FORMAT

-  **Adobe Reader Format**
-  **Comma Separated Values Text File**
-  **Microsoft Access Database File**
-  **XML File**

---

**Run Report**

# Reports (Remittance Reports)

## Accounting Reports

Your Report has been successfully sent to the Job Queue  
**Choose Report Type**

-  Home
-  Account ▼
-  Members ▼
-  Imports & Reports ▶
  - Imports
  - Accounting Reports
  - Standard Reports
  - Job Queue**
-  Recent Activity
-  Help ▼

## Job Queue

### Active Jobs

Entered Date/Time	Category	Job Type	Started Date/Time	Co
> 06/12/2018   2:55 PM	Large Report	Remittance	06/12/2018   2:55 PM	06
> 08/25/2015   3:32 PM	Import	Import	08/25/2015   3:32 PM	08
> 08/25/2015   3:23 PM	Import	Import	08/25/2015   3:23 PM	08

If the report has been run successfully a confirmation will appear at the top of the page.

The selected report will be run through the **Job Queue**.

Select **Job Queue** to download the report when ready.

Your **Job Queue** saves report results.

## Job Queue

 Refresh

The most recent job appears on the top.

Select **Refresh** until “Complete” appears in the **Message** column next to the job.

Select **View** to download your report (under **Download Results**)

### Active Jobs

Show  entries

Entered Date/Time	Category	Job Type	Started Date/Time	Completed Date/Time	Download Results	Message
> 06/12/2018   2:55 PM	Large Report	Remittance	06/12/2018   2:55 PM	06/12/2018   2:55 PM	<a href="#">View</a>	Complete
> 08/25/2015   3:32 PM	Import	Import	08/25/2015   3:32 PM	08/25/2015   3:32 PM	<a href="#">View</a>	Complete
> 08/25/2015   3:23 PM	Import	Import	08/25/2015   3:23 PM	08/25/2015   3:23 PM	<a href="#">View</a>	Complete
> 06/12/2015   12:41 PM	Report	Generated Letters Summary	06/12/2015   12:41 PM	06/12/2015   12:41 PM	<a href="#">View</a>	
> 06/12/2015   12:40 PM	Report	Generated Letters Detail	06/12/2015   12:40 PM	06/12/2015   12:40 PM	<a href="#">View</a>	

# 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	Admin Fee Paid by Subsidy	Member Paid Premium To Remit	Member Paid Admin Fee To Remit	Total To Carrier	Total To 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
<b>Plan Total:</b>		<b>\$575.00</b>	<b>\$11.50</b>	<b>\$586.50</b>	<b>\$0.00</b>	<b>\$11.50</b>	<b>\$0.00</b>	<b>\$575.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$575.00</b>

**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	Admin Fee Paid by Subsidy	Member Paid Premium To Remit	Member Paid Admin Fee To Remit	Total To Carrier	Total To 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
<b>Plan Total:</b>		<b>\$36.00</b>	<b>\$0.72</b>	<b>\$36.72</b>	<b>\$0.00</b>	<b>\$0.72</b>	<b>\$0.00</b>	<b>\$36.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$36.00</b>
<b>Premium Month Total:</b>		<b>\$611.00</b>	<b>\$12.22</b>	<b>\$623.22</b>	<b>\$0.00</b>	<b>\$12.22</b>	<b>\$0.00</b>	<b>\$611.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$611.00</b>

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

The Remittance Report will reflect what premium payments are being remitted and for which Members.

The Remittance is broken down by premium month, then plan. Totals are calculated for your for each plan, premium month, and division.

The remittance will equal the check or direct deposit you receive.

- **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: [pvgsupport@amben.com](mailto:pvgsupport@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](mailto: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

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## Plan Name & Carrier Plan ID

The plan & any group number or plan ID is listed here

## 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...

Dear Customer Service:

Below are the coverage continuation notifications for participants for the Clients and Plans shown. Please add 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	Sta
Stanley, Sean 123 Main Street Central Park, NY 12345	Spouse	888-22-4444	1/24/1973	

# 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

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### 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.

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

### 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.**

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	Sta
Stanley, Sean 123 Main Street Central Park, NY 12345	Spouse	888-22-4444	1/24/1973	

## 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](https://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



**AMERICAN BENEFITS GROUP**

*My COBRA Resource*

Thank you for attending!

Please let us know if you  
have any questions.