

Thank you for choosing American Benefit Services as your COBRA administrator. In order to get started with your COBRA administration, we will need:

1. A completed COBRA administration questionnaire, which I have included in this packet.
2. Your current insurance rates.
  - a. Including the levels of coverage, such as: employee, employee/spouse, employee/children or family coverage.
  - b. Packaging information, such as: medical and dental combined or offered separately
3. Information on all participating employees and participating dependants.
  - a. Employee's name
  - b. Address
  - c. Phone #
  - d. DOB
  - e. SS#
  - f. M/F
  - g. Hire Date
  - h. Level of Coverage for employee
  - i. A-F information on any participating dependants

Once this information is received your group information will be loaded into our system. Information will be sent out to any existing COBRA Participants to inform them of your Administration change, and if requested, initial notices will be sent to your existing employees.

After your initial set up, we will need to be notified of any employee and/or participating dependant who loses coverage under the Plan because of a qualifying event.

Qualifying Employee Events include:

- Hours of employment are reduced
- Employment ends for any reason other than gross misconduct.

Qualifying Events for Spouse of Employee include:

- Spouse dies
- Spouses hours of employment are reduces
- Spouses employment ends for any reason other than his or her gross misconduct
- Spouse becomes enrolled in Medicare (Part A, Part B, or both)
- Divorce or legal separation from Spouse

Qualifying Events for Dependent Children include:

- Parent-employee dies
- Parent-employee's hours of employment are reduced

- Parent-employee's employment ends for any reason other than his/her gross misconduct
- Parent-employee becomes enrolled in Medicare ( Part A, Part B, or both)
- Parents become divorced or legally separated
- Child stops being eligible for coverage under the plan as a "dependent child"

Please send us a complete COBRA Authorization Form, (which I have included) along a copy of the completed Plan Change Form used by your insurance carrier. You may mail or fax this information to us.

We will also need to be notified of any new participants to your plan, address changes, name changes, or coverage changes to any participating employees or dependants.

As your COBRA Administrator we will:

- Send required information to all COBRA participants
- Collect all COBRA premiums
- Answer any questions your employees or ex-employees may have regarding their COBRA benefits.
- Inform your insurance carrier of all COBRA elections and premium payments.
- Send COBRA premiums as well as participation reports to you on a Monthly basis.

The key to smooth COBRA administration is good communication. Please feel free to contact us with any questions you might have regarding the COBRA process

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