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## ***COBRA / VIPER Administrative Services Employer packet***

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*This packet contains:*

- **New Group Application**
  - **Fee Schedule**
  - **Procedures & Workflow**
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### ***WHAT IS COBRA, AND WHY SHOULD I CARE ?***

COBRA was a component of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

It is an EMPLOYER responsibility.

COBRA provides continuation coverage requirements applicable to employer group health plans and the individuals that lose coverage under such plans.

Under COBRA rules, both employer group health plans and the individuals losing coverage under those plans have specific guidelines and strict timetables to follow in both offering and electing to receive COBRA coverage.

COBRA administration is more than just taking care of those people "on COBRA"; it is a total process of notifying, tracking, and documenting all facets of compliance with this highly complex law which is always changing.

If sued or audited by the regulators, an employer must be able to prove that they have properly complied with COBRA's rules, or else be subject to substantial penalties, up to and including the payment of claims for the aggrieved individual.

**SEND NEW BUSINESS SUBMISSIONS TO:**

BUSINESS RESOURCE SERVICES  
P O BOX 9367 S. Burlington, VT 05407-9367

**Questions ? 802.865.4560**

BRS requires 10 Business days for group implementation, we will try to accommodate groups that require quicker set-up on a case-by-case basis.



**BRS COBRA / VIPER SERVICES**  
**NEW GROUP APPLICATION**

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**Employer Information:**

Company Name \_\_\_\_\_ EIN# \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Title \_\_\_\_\_ Executive Contact \_\_\_\_\_ Title \_\_\_\_\_

E-mail address \_\_\_\_\_ E-mail address \_\_\_\_\_

( ) - ( ) - ( ) - ( ) -  
Telephone Fax Telephone Fax

Effective Date of Service: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate Number of Benefited Employees: \_\_\_\_\_

Number of Current COBRA Participants: \_\_\_\_\_ Pending: \_\_\_\_\_ Enrolled: \_\_\_\_\_

New Hire Waiting Period: \_\_\_\_\_ Is the waiting period the same for all employees/plans?  YES  NO

If NO, please list employee classes and plans with their respective waiting periods.

***Please complete a Group Benefits COBRA/VIPER Set-up form for each COBRA eligible plan.  
(attachment A of application)***



**Group Benefits COBRA/VIPER Set-up**

*Attachment A of application*

***Make additional copies of this form as needed.***

Group Name: \_\_\_\_\_

Carrier/TPA Name \_\_\_\_\_

Type of Coverage \_\_\_\_\_ (Medical, Dental, Vision, FSA, HRA, EAP, etc.)

Type of Plan \_\_\_\_\_ (HMO, PPO, POS, indemnity, DMO, DPO, etc.) Internal Plan Code \_\_\_\_\_

Plan Policy # \_\_\_\_\_ Effective Date \_\_\_\_\_  Fully-Insured Plan  Self-Insured Plan

Is this plan available only to a specific company division or employee class ?  YES  NO

If YES, which division(s) or class(es): \_\_\_\_\_

Coverage Termination:  Event Date  End of Month  Other \_\_\_\_\_

Does the plan offer conversion?  YES  NO

Is this plan bundled with any other plan (includes stand-alone Rx)? If yes, which plan: \_\_\_\_\_

Insurance Cust Svc \_\_\_\_\_ Telephone ( ) - Fax ( ) -

Enrollment Contact \_\_\_\_\_ Telephone ( ) - Fax ( ) -

Enrollment Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you have online eligibility access?  YES  NO If yes, provide User ID & password \_\_\_\_\_

Number of days Carrier will accept coverage termination notices:  0 days  30 days  60 days

Please attach enrollment/change form for this carrier.

Plan Rates:  Composite  Age/Gender Table

Rate Effective Date \_\_\_\_\_ Rate Renewal Date \_\_\_\_\_

**If the plan rates are composite, complete the following.**

**COVERAGE                      MONTHLY PREMIUM AS BILLED BY CARRIER**

Employee Only                      \$ \_\_\_\_\_

Employee + Spouse                      \$ \_\_\_\_\_

Employee + Child                      \$ \_\_\_\_\_

Employee + Children                      \$ \_\_\_\_\_

Family                      \$ \_\_\_\_\_



# BRS COBRA/VIPER Procedures and Work Flow

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## **New Group Installation**

Once BRS has received the signed COBRA Agreement and Employer Application from members the Employer information will be entered into the COBRA system. Once set-up, BRS will send the group a confirmation and information which outlines the ongoing duties of the employer. If members are not contacted within 30 days of paperwork submission to BRS, they should contact BRS.

## **Current Employees & New Hires**

The COBRA regulations require General COBRA notices be provided to all plan participants. This includes employees and dependents. If the employer has not consistently provided the required notification, BRS will provide the General COBRA notices to all participants. (Additional fees may apply- see Employer Services Agreement-Schedule A)

New plan members (new hires and/or new dependents) must be supplied with their General COBRA notices within 90 days of plan enrollment and it is the employer's responsibility to notify BRS. A spreadsheet template will be provided to the Employer with instructions. This should be mailed or e-mail back to BRS for processing.

## **Takeovers of Pending or Enrolled Qualified Beneficiaries (QB)**

If there are Takeovers, the employer must notify BRS and fill out a separate form which will be provided to the Employer with instructions on how to complete.

## **Qualifying Events**

**The employer is responsible for notifying the insurance carrier(s) of any coverage terminations due to a Qualifying Event.** The Employer will also communicate this Qualifying Event to BRS in writing, either via mail or at COBRA@brsvt.com within 30 days. BRS will confirm receipt of all qualifying events. The notification to BRS will trigger the generation of the Specific Rights letter and COBRA election form. This letter includes a HIPAA Certificate of Creditable Coverage if the qualified beneficiary was enrolled on a medical plan at the time of the qualifying event.

## **COBRA Reinstatements & Terminations**

If a qualified beneficiary elects COBRA and pays the required premium within the allotted grace period, BRS will notify the appropriate insurance carrier of the election. The qualified beneficiary will reappear on the carrier billing statement along with the employer's active employees. When a qualified beneficiary terminates from COBRA continuation, BRS will notify the appropriate carrier. The employer should always pay the carrier as billed. The carrier billing statement will reflect any retroactive premium adjustments regarding the elections and terminations.

## **Premium Processing**

BRS will invoice each enrolled Qualified Beneficiary for COBRA premium payments. Each premium invoice will instruct the individual to remit payment payable to BRS by end of the grace period. BRS will batch all premiums received on behalf of the Employer and remit one check back to the Employer for all monies received for the coverage month. **Please note: Due to federally mandated grace periods given to the Qualified Beneficiary, there may be a lag between the insurance premium due date and receipt by the employer of COBRA premium reimbursements from BRS.**

## **Annual Plan Renewal**

Cobra participants must be notified of any rate increases prior to the effective date of increase. COBRA premium may only be increased once during the 12-month determination period. Don't forget to notify us of any plan rate changes so that we are sure to bill the correct amount of COBRA premium. Federal regulations prohibit us from retroactively billing COBRA participants for plan rate changes that are given to us after the rate effective date. COBRA participants must be treated as similarly situated active employees in regards to Open Enrollment plan options and coverage level choices. Don't forget to send the same Open Enrollment materials to all pending and enrolled COBRA participants as you send to your active employees.

