



Thank you for choosing BASIC for your COBRA Administration!

Please read the information below before you proceed with implementation.

To provide you with the highest quality service, all information will need to be received at least 14 days prior to the effective date with BASIC.

COBRA Setup Packet Instructions:

Note: Free online PDF Editor- will allow you to fill in fields and save to your computer.

- Free online PDF Editor
 - www.pdfescape.com
 - Click on start now (no need to register)
 - Click on Start, Using Unregistered
 - Following on screen instructions
 - Once completed click on save & download

Step 1: Information required for setup:

Included in this packet

- 1) Client Information Form
- 2) COBRA Start up Information form (2 pages)
- 3) COBRA Carrier Information Form (one needed for each policy)
- 4) COBRA CCP Form(only needed if anyone currently on COBRA)

Additional items to be completed – sent separately

- 5) COBRA Administration agreement
- 6) Business Associates agreement

If you have an HRA, you will need to complete one (1) COBRA Carrier Information Form for each HRA benefit. Please indicate what policy the HRA is linked to in the field regarding plan name during open enrollment.

Step 2: Submitting your forms securely via our secure upload:

- Use the **BASIC Web Portal** for **secure and encrypted delivery** at
 - <https://upload.basiconline.com/?los=New>
 - Follow the easy directions to deliver your company's set up information in a secure manner.
 - You can upload a maximum of five files at a time.

Events Prior to Contract Date with BASIC

Do Initial Notices need to be provided to current employees?

These are required for all employees or everyone enrolled on health plans prior to the effective date of BASIC COBRA administration. You can do them at no cost by linking to the Department of Labor Sample Notices located <http://www.dol.gov/ebsa/modelgeneralnotice.doc> or BASIC can create and mail them also for a nominal fee.

Do you have Qualifying Event Notices that need to be sent?

For qualifying events prior to the effective date of BASIC COBRA administration use the Department of Labor Sample Notice located at <http://www.dol.gov/ebsa/modelectionnotice.doc>.

If you have any questions, please call (888) 602-2742 and a member of our sales support team will be happy to assist you.



Please type or print all information

COMPANY INFORMATION

Date completed:

Legal Company Name:

Current Client – information below on file (if any changes please complete/update below)

DBA/AKA:

Employees refer to your company as:

Website:

Mailing Address:

City, State, Zip:

Physical Address (if different):

City, State, Zip:

Main Phone:

Fax:

EMPLOYER CONTACT INFORMATION (Please add agent under referral source only)

Executive Name:

Title:

Phone:

Ext:

Email Address:

Authorized Representative:

This is the person contracts will be emailed to for signature

Title:

Phone:

Ext:

Email Address:

Required for contracts

HR Manager/Director:

Title:

Phone:

Ext:

Email Address:

Billing Contact:

Title:

Phone:

Ext:

Email Address:

REFERRAL SOURCE (How did you hear about BASIC)

Company Name:

Contact Name:

Email Address:

Phone:

Client Information

BASIC SALES
9246 Portage Industrial Dr
Portage MI 49024

P 888.602.2742
F 269.327.4996

<https://upload.basiconline.com/?los=New>

Please indicate service(s) provided by BASIC.

C - Current service
N - New service

- ACA Elevate
- COBRA
- Dep. Verification
- ERISA Essentials
- FMLA
- FSA
- HRA
- HSA
- Parking
- Payroll
- Retiree Billing
- Wrap SPD
- 5500 Filing
- Non Discrim Test



Start Up Information

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Upload to Secure site
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ADMINISTRATION INFORMATION

(COBRA contact needs to be someone from the Employer)

Legal Company Name:

COBRA contact person:

Title:

Email:

Phone:

Ext:

Fax:

Proposed Effective Date with BASIC:

Number of W-2 employees (include full time & part time):

Number of Insured Employees (Required):

Do you have anyone on COBRA currently?

If yes*, how many

**Please complete a [Current COBRA Participant Form](#) for each participant-
additional fee(s) apply*

Do you offer a Cafeteria Plan with Flexible Spending Accounts?

If yes, what is the Plan Year?

Do you offer an HRA account (Health Reimbursement Arrangement)?

If yes, you will need to complete one insurance form for each HRA Benefit

Is your company required by the state to offer COBRA on Life Insurance*?

**Minnesota is the only state required to offer Life Insurance*

If yes, please provide plan name:

**Have notices that
need to be sent with
event date prior to
Effective Date with
BASIC?**

See instructions page
(1st page) for link to
DOL notices.

INSURANCE PLANS

Please list below the number of each type of plan offered to your employees

(Primary Medical Plan(s) that may include Dental, Vision and/or RX, or Stand-alone Dental/Vision)

Number of Primary Medical Plan(s)*offered
**that may include Rx, Dental and/or vision*

Number of Stand Alone Dental Plans offered

Number of Stand Alone Vision Plans offered

Number of Stand Alone Rx Plans offered

Number of Other Plans offered

Other Plan Name(s)

Send Open Enrollment Packets to COBRA participants (additional fees apply):

Yes

No

* If yes, BASIC will provide guidelines and fees.

Additional Comments/Special Circumstances:



**COBRA
Carrier Information**

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Upload via our secure site
<https://upload.basiconline.com/?los=New>

Please type or print all information

INSURANCE INFORMATION

Legal Company Name:

Insurance Company Name:

State insurance contract was written:

Policy number:

Is this plan Self-Funded?

What do employees call this plan?

Effective date of rates:

Last day of rates:

Type of insurance plan (medical, dental, etc):

Are plans bundled?

Dependent children are termed on what Birthday:

If they are a full time student:

***Federal Law regulates age 26 for Medical however dental & vision may vary
if left blank BASIC will use age 26.***

Rates (please enter the monthly rate as shown on your invoice from carrier)

Please enter all that apply even if no one currently is enrolled in level of coverage:

(Do not include the 2%)

- Single
- 2 Person
- Family
- Family Continuation
- EE plus spouse
- EE plus child(ren)
- EE plus one
- EE plus two
- EE plus three
- EE plus four +

Age Based – Please send in rate sheet with this form

If you do not find your rating structure above please complete Other, give rate amount and description

Other

Note:
Please complete this form once for each insurance policy you have.



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Legal Company Name:

Insurance Company Name:

State insurance contract was written:

Policy number:

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EE plus three

EE plus four +

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Other

Note:

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**Current COBRA
Participant Information**

BASIC SALES
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Please type or print all information

PARTICIPANT INFORMATION-

Please Note: Return this form to BASIC once you have all the information listed below. The Premiums will need to be paid through the end of the month prior to the effective date with BASIC. Participant cannot be processed with any missing information.

Legal Company Name:

Name:

Address:

City, State, Zip:

Social Security Number:

Gender:

Date of Birth:

COBRA PLAN INFORMATION

Date COBRA accepted:

Reason*:	Termination of Employment	Voluntary	Involuntary
	Divorce/Legal Separation	Reduced Hours	Employee's death
	Medicare Entitlement	Loss of Dependent Status	

*if reason is termination of employment, please specify if voluntary or involuntary.

Hire date:

Employee's original effective date of insurance:

Name of Medical plan enrolled in:	Level of coverage:
Name of Dental plan enrolled in:	Level of coverage:
Name of Vision plan enrolled in:	Level of coverage:
Name of Rx plan enrolled in:	Level of coverage:
Name of Other plan enrolled in:	Level of coverage:

Please click on the link below if you need additional forms:

[Current COBRA Participant Form.pdf](#)

Premiums paid through:
(Needs to be at least end of month prior to effective date with BASIC)

COBRA start date:

OTHER COBRA EVENTS EXPERIENCES (select all that apply):

Disabled (determined by social security): Yes No

Multiple qualifying event:

Employees' death	Divorce/legal separation
Medicare entitlement	Loss of dependent status

DEPENDENT INFORMATION:

Relationship	First/Last Name	Birth Date