Plan Intake Form Guide for Clients

Contents

Plans

New Plan

Select Yes or No for whether the plan is new.

Plan Name

Enter the exact name of the health plan.

Important: If you use an HRIS or benefits platform (ADP, Ease, Employee Navigator, etc.), the plan name must match exactly across all systems.

Example: OAP H.S.A. Plan 1

Carrier Name

Enter the insurance company that provides the health plan.

Example: Cigna Healthcare

Group Number/Plan ID

Provide the carrier-assigned group number and any plan numbers associated with COBRA administration.

Example: 734561-C001

COBRA Enrollment & Termination Contact

Provide the carrier contact responsible for eligibility, enrollment, termination, and benefit inquiries. EXAMPLES BELOW:

For Daily Updates:

Contact Name: John Smith
Email: jsmith@cigna.com
Phone: 800-544-1325 x123565

For URGENT Requests

Contact Name: Katie Lee
Email: jklee@cigna.com
Phone: 800-544-1325 x98762

Funding Type

Indicate whether the plan is:

- **Fully Insured** – Traditional employer-sponsored health insurance purchased from a carrier.
- **Self-Insured (Self-Funded)** – The employer funds and administers the plan rather than purchasing a fully insured plan.

Example: Fully Insured

Active Employee Coverage Termination Rule

Indicate when coverage ends after active employment terminates.

Common options include:

- End of Month (EOM)
- Date of Termination (Event)
- Wash Rule / Wash Period

Example: EOM

Dependent Coverage Termination Rule

Indicate when coverage ends for dependents who become ineligible.

Important: BRI must be notified when a dependent loses eligibility, as this may create a COBRA qualifying event.

- End of Month (EOM)
- Date of Termination (Event)
- Wash Rule / Wash Period

Example: Event

Domestic Partner Coverage

Domestic Partners Are Usually Not Qualified Beneficiaries

Under federal COBRA, a domestic partner is generally **not considered a qualified beneficiary** unless the individual is also the employee's legal spouse under applicable law.

As a result:

- A covered domestic partner typically **does not have independent COBRA rights**.
- If the employee terminates employment or experiences another COBRA qualifying event, the domestic partner usually cannot elect COBRA on their own.

- The domestic partner's coverage generally ends when active coverage ends, unless the employer offers a separate continuation program.
    - Verify rules with your insurance carrier.

State Continuation Information

If State Continuation applies, provide the applicable state. This is based on where the plan is written, not where COBRA members live.

- You must verify rules with your insurance carrier and obtain prior approval from BRI

Only the options in the dropdown may apply:

- California
- Illinois
- Minnesota
- New York
- Texas

Example: NY

Age-Banded / ACA Rates

Indicate when ACA-rated premiums renew. You must verify the format with your insurance carrier.

Common options include:

- Plan Year / Anniversary
- Member Birthday
- Enrollment Anniversary

Example: Yes – rate based on plan year

Rates

Composite Rates

Provide the monthly COBRA premium rates by coverage tier.

Please submit rates **without the 2% COBRA administrative fee included.**

Common coverage tiers:

- Employee Only (EE)
- Employee + Spouse
- Employee + Child
- Employee + Children
- Employee + Family
- Spouse Only
- Spouse + Child
- Spouse + Children
- Child Only

Important Notes

- COBRA participants have the option to elect Dependent Only coverage.
- Add any additional tiers used by your carrier.
- Confirm with your carrier how COBRA premiums are calculated when only dependent children elect COBRA coverage.
- Some carriers place each child on an individual policy, while others designate the oldest child as the subscriber and enroll the remaining children as dependents.

ACA Age-Banded Rates (If Applicable)

If your plan uses age-banded pricing, please provide carrier rate sheets in Excel format.

Age-banded structures may include rates for:

- Ages 0–14
- Age 15

- Age 16
- Age 17
- Age 18
- Age 19
- Age 20

Premium calculations may be based on:

- Member
- Spouse/Domestic Partner
- Dependent children over age 21
- Oldest three dependent children under age 21

Required Action

Please send all ACA age-banded or carrier rate attachments in **Excel format**.

Member-Specific Rates (SHOP Plans)

For plans purchased through the SHOP Marketplace, rates may need to be entered on a member-specific basis at the time of the qualifying event and reviewed at each renewal.

Example:

John Smith SHOP Plan = $1,236.23

Rate Type Guide

Rate Types	**Description**	**Example**		
Rates Based on Coverage Level	Rates are based on the different groupings of covered individuals.	EE	Spouse Only Spouse+Child(ren)	Child Only
		EE+Spouse		Children Only
		EE+Child(ren)		
		EE+Family		

ACA 0-14 Rate	Allows for the accommodation of Employee and Spouse age banded rates applicable to children under 21 years of age in the following age bands: 0 - 14, 15, 16, 17, 18, 19, and 20. Premium amounts will calculate based on rates for the following:	Family of 3 (EE+Children) :
	Member	Child Age 15 $472.28
	Spouse/Domestic partner, no matter what age	Child Age 21-24 $566.96
	All dependent children that are over 21	Age 48 = $926.98
	Oldest 3 dependent children that are under 21	Total premium = $1,966.22 per month before 2% admin fee
ACA Options	Allows Employee and Spouse age banded rates, Employee based non-tobacco and tobacco rates, and rates based on ***age of dependents***.	5 family members:
		Male between ages 30-39 = $250
		Female between ages 30-39 = $250
		Child between ages of 0-3 = $200
		Child between ages of 4-7 = $200
		Child between ages 21 – 24 $500
		Total premium = $1,400 per month before 2% admin fee
Flat	The rate is a single fixed amount and does not consider age, gender, coverage level, etc. (EAP)	Does not consider age, gender, coverage level, etc.
		THIS LINE SHOULD BE REMOVED (for medical this shouldn't be an option)

Member Specific	Involves a different process.	Requires manual updating when change in rate occurs. (Ex. Renewal/Open Enrollment) Only a viable option if plans are unable to be built based on number of plans vs enrollment.
Rates Based on Age and Sex of Male/Female/	Rates for adults are based on their gender and age. Rate for children are based on the number of children covered. Undisclosed is used for members who choose not to report male or female.	Male between ages 30-39 = $250
Undisclosed and **Number** of Children		Female between ages 30-39 = $250
		One Child= $200
		Four Children = $500
		Undisclosed between ages 30-39 = $250
		Undisclosed between ages 30-39 = $250
		One Child= $200
		Four Children = $500
Rates Based on Age and Sex of Male/Female/	Rates for adults are based on their gender and age. Rates for children are based on the age of the child. Undisclosed is used for members who choose not to report male or female.	Male between ages 30-39 = $250
Undisclosed and **Age** of Children		Female between ages 30-39 = $250
		Child between ages of 0-20 = $300
		Child between ages of 21-24 = $250
		Undisclosed member between ages 30-39 = $250
		Undisclosed spouse between ages 30-39 = $250
		Child between ages of 0-20 = $300
		Child between ages of 21-24 = $250
Rates Based on **Age** of Employee with Coverage Levels	Rates are based on the age of the employee (member) and the different groupings of covered individuals. For this rate type, you must select a	Employee between ages 30-39 = $325
		(Employee Only)
		Employee between ages 30-39 = $615
		(Employee + Family)
		If EE Only coverage level the ages and rates in the table apply only to that coverage level. To enter rates for Employee+Family, you need to first select Employee+Family and then enter the starting ages and rates into the table for it.

	Coverage Level to identify the grouping of individuals covered under the plan. The ages and rates apply only to the selected coverage level. Rates for the employee (member) and the employee's spouse are based on the their ages. Rates for children are based on the number of children covered.	*Spouse Only, Spouse+Child(ren), Child Only are not applicable.
Rates Based on **Age and Sex** of Employee with Coverage Levels	Rates are based on the age and gender of the employee (member) and the different groupings of covered individuals. For this rate type, you must select a Coverage Level to identify the grouping of individuals covered under the plan. The ages and rates apply only to the selected coverage level.	Male between ages 30-39 = $325
		(Employee Only)
		Female between ages 30-39 = $615
		(Employee+Family)
		If EE Only coverage level the ages and rates in the table apply only to that coverage level. To enter rates for Employee+Family, you need to first select Employee+Family and then enter the starting ages and rates into the table for it.
		*Spouse Only, Spouse+Child(ren), Child Only are not applicable.
		Employee between ages 30-39 = $250

Rates Based on **Age of Employee/Spouse and Number of Children**	Rates for the employee (member) and the employee's spouse are based on the their ages. Rates for children are based on the number of children covered.	Spouse between ages 30-39 = $250
		1 Child = $200
		4 Children = $500

Changes

Select the Open Enrollment method that applies to your upcoming plan year.

Open Enrollment Type

☐ **Passive**

Existing COBRA coverage will continue automatically into the new plan year. Participants may submit an Open Enrollment election form if they wish to make changes.

Recommended when there are no plan changes.

☐ **Active**

All COBRA participants must submit an Open Enrollment election form to continue coverage. Participants who do not return an election form will be terminated from coverage.

☐ **Passive with Mapping**

Existing COBRA enrollments will automatically move from terminating plans to new plans based on mapping instructions provided by your organization. Participants may still submit an Open Enrollment election form if they wish to make changes.

Important: If different benefit types require different Open Enrollment methods, please contact your Account Manager for assistance.

Headcount

Current Insured Employee Headcount

Please provide your current active insured employee count:

Total Headcount: _____

Headcount Guidelines

The headcount should include all active insured employees enrolled in COBRA-eligible benefits, including but not limited to:

- Medical
- Dental
- Vision
- Prescription Drug (Rx)
- Employee Assistance Program (EAP)

- Flexible Spending Accounts (FSA)
- Health Reimbursement Accounts (HRA)
- Infertility Benefits
- Other ERISA-sponsored benefit plans

Important: If your insured employee headcount changes by more than 10% (increase or decrease), please notify your COBRA Account Manager so billing rates can be reviewed and updated if necessary.

Plan Changes

Please identify any plans that will be terminating and/or any new plans being added for the upcoming plan year.

Plan Mapping

Complete this section only if you selected "Passive with Mapping" as your Open Enrollment Type.

Please identify how terminating plans should map to new plans.

Terminating Plan	Map To New Plan
PPO Gold 2025	PPO Gold Plus 2026

Plan Name Changes

Complete this section if existing plan names are changing but coverage is otherwise remaining in place.

To review current plan names in the COBRA system, log into the COBRA Portal and navigate to:

Qualified Beneficiary → Plans

Contacts

Please help us keep our records accurate by providing contact information for all individuals involved in your COBRA services. We will update our CSM during renewal as needed.

For each contact, complete the following fields:

- **Role Type** – Select the appropriate role from the dropdown menu.
- **First and Last Name** – Enter the contact's full name.
- **Email Address** – Enter the contact's business email address.
- **Phone Number** – Enter the contact's direct phone number.

Please provide all contacts who should receive communications related to COBRA administration, eligibility updates, billing, open enrollment, and benefit plan changes.

Broker Information

Important: If you are adding a new broker relationship, a **Broker of Record (BOR) Letter** must be submitted along with this form.

Providing complete and accurate contact information helps ensure timely communication and effective administration of your COBRA program.