

COBRA IMPLEMENTATION



Welcome to Alerus Retirement and Benefits (Alerus). We appreciate the opportunity to provide COBRA/Retiree continuation services for you. This information will provide you with an outline of the documentation and information necessary to implement your services through Alerus.

THE SETUP PROCESS

In order to begin the setup process, please complete and return the attached documentation to hwsetup@aleraus.com.

- Complete the **Implementation Form**.
- Complete the **COBRA Continuant Takeover Form** for any current COBRA participants (enrolled or pending). Or, you may submit your continuant information via Excel spreadsheet.
- The **Carrier Notice of Administration** form(s) should be completed and sent to your current carriers to notify them of the change in COBRA administration. **Note:** If your carrier is Principal, please contact them; they have their own form.
- Please review the **Employer Responsibilities** (on back).

Alerus will review the implementation information, and will reach out with questions.

An **Administrative Agreement** will be sent to you for your review. Once the signature pages are returned to Alerus, the Implementation process will begin.

Once the COBRA service is set up, the group will receive a welcome email with online credentials and Employer Portal instructions.

If you have any questions when completing the attached documentation, please contact Stacie or Whitney.

IMPLEMENTATION/ADMINISTRATION

WHITNEY HEIDER

COBRA and Eligibility Supervisor

7650 Edinborough Way, Suite 645, Edina, MN 55435
952.253.1284
whitney.heider@aleraus.com

STACIE RAVENHORST, CFC

Senior Health and Welfare Implementation Specialist

FSA/HRA/HSA/VEBA
201 E. Clark Street, Albert Lea, MN 56045
507.379.2812
stacie.ravenhorst@aleraus.com

ALERUS RETIREMENT AND BENEFITS

P.O. BOX 64533

St. Paul, MN 55164-0533

Phone: 800.761.1934 (toll free), 952.253.1261 (local)

Fax: 866.808.7821

Email: cobra@aleraus.com

Hours: M - F, 7:30 a.m. - 4:30 p.m., CT

Website: alerausrb.com
cobra.aleraus.com (client/participant)

CLIENT SERVICE CENTER

Phone: 877.661.4727 (toll free)

Hours: M - F, 7 a.m. - 6 p.m., CT

COBRA MEMBER PAYMENTS ONLY

Alerus Retirement and Benefits

P.O. Box 3850

Omaha, NE 68103-3850

PLAN CONSULTING

ROGER JORGENSEN, RHU, REBC

Sr. Health and Welfare Consultant

HSA/FSA/HRA/COBRA/VEBA
19765 Highway 7, Shorewood, MN 55331
952.253.1259
roger.jorgensen@aleraus.com

ACCOUNT EXECUTIVE

DEANN FIORE

Health and Welfare Account Executive

HSA/FSA/HRA/COBRA/VEBA
19765 Highway 7, Shorewood, MN 55331
952.253.1283
deann.fiore@aleraus.com

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EMPLOYER'S RESPONSIBILITIES

- **CARRIERS** - IT IS THE EMPLOYER'S RESPONSIBILITY TO NOTIFY ALL CARRIERS OF THE INITIAL TERMINATION.
- **Qualifying Events** - All qualifying events must be reported within 14 days of the specific qualifying event or after loss of coverage.
- **Monthly Premium Billings** - Audit your carrier premium billings each month to ensure that all members have been added to, changed within, or removed from your insurance carrier premium billing within 60 days. Alerus is not responsible for premium billing discrepancies beyond 60 days after premium billing date, as most carriers will not retro back changes more than 60 days for adjustments.
- **Continuation Paperwork** - Please confirm whether your current carrier (or new carrier if you have changed carriers during renewal) requires you to complete additional paperwork in regard to COBRA/MN Life continuation.
- **New Rates** - New rates must be received in our office at least 2-3 weeks prior to the renewal date to assure timely implementation. **Please note plans are handled in the order in which they are received; October - February processing may be delayed.** Alerus will not back-bill qualified beneficiaries for premium rate increases when the rates are received in our office after the renewal date.
Example: Rates received on September 10 for a renewal date of September 1 will be effective October 1. Premium deficiencies due to late rate notices are the responsibility of the employer.
- **Erroneous Information** - There will be a minimum charge of \$75 per hour for correcting and responding to erroneous information, including:
 - Open enrollment reinstatements to correct incorrect terminations included in electronic files.
 - Carrier changes requested after plan rate changes have been processed.
 - Late notification of rate or carrier changes or urgent updates required for reinstatements.
- **Remittance** - Remittance to employers of collected premiums will follow within five to seven business days of the previous month closing.

If there are any questions or concerns regarding the termination and reinstatement processes, please contact Alerus immediately.

Please Note: Alerus will not reinstate COBRA continuants on coverage until all forms and **initial payment** have been received.

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IMPLEMENTATION FORM COBRA

COBRA Start Date/Renewal Date _____

Group Name		Group Address (Street, City, State, and ZIP)		
Group Contact Name	Group Contact Email Address	Phone Number	Employer Portal Access <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Group Contact Name	Add'l Group Contact Email Address	Add'l Phone Number	Employer Portal Access <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Filed for Incorporation, Which State?	Company EIN	# of Benefit Eligible Employees	Pricing Option Choice ¹ <input type="checkbox"/> Event <input type="checkbox"/> PEPM	Two Year Contract ² <input type="checkbox"/> Yes <input type="checkbox"/> No

¹Most clients choose "Event"

²\$300 set-up fee waived with two-year agreement.

Agency Name	Agency Address	Is this agency paying for this service for this group? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Contact Name	Agency Email Address	Agency Phone Number	Former Administrator	
Additional Agency Contact Name	Add'l Agency Email Address	Add'l Agency Phone Number		
Do you want reports by division? <input type="checkbox"/> Yes <input type="checkbox"/> No	List division names.			
Do you want Alerus to process your New Hire Notices (general notice)?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want Alerus to process your Letters of Unavailability?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you want to allow your continuants to make late payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any active or pending COBRA continuants?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

SUBMIT ALL CARRIER RATES WITH THIS FORM³

³When submitting rates, please be sure to outline all tiers as follows: Single, Single + Spouse, Single + Child(ren), Family.
Alerus is not responsible for any incorrect rates or improper notification of tier classification.

	Medical	Dental	Vision	Basic Life	Voluntary Life
Renewal Date (mm/dd/yyyy)					
Self Funded?	<input type="checkbox"/> Self Funded	<input type="checkbox"/> Self Funded	<input type="checkbox"/> Self Funded	<input type="checkbox"/> Self Funded	<input type="checkbox"/> Self Funded
Fully Insured?	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Fully Insured
Carrier Name					
Carrier Contact Name					
Carrier Contact Email					
Carrier Contact Phone					
Group Number					
Add'l Group Numbers					
Coverage Ends On	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month <input type="checkbox"/> Wash/Roll	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month <input type="checkbox"/> Wash/Roll	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month <input type="checkbox"/> Wash/Roll	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month <input type="checkbox"/> Wash/Roll	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month <input type="checkbox"/> Wash/Roll
Conversion Available?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Life Benefit bundled with AD&D?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Rates Renew On				<input type="checkbox"/> Anniversary Date	<input type="checkbox"/> First of Month Following Date of Birth
Children 21+ Pay				<input type="checkbox"/> Child Rate	<input type="checkbox"/> Age Rate
Life Rates Renew On				<input type="checkbox"/> Anniversary Date	<input type="checkbox"/> First of Month Following Date of Birth
Spouse Life Rates Based On				<input type="checkbox"/> Employee Age	<input type="checkbox"/> Spouse Age
Does member have to elect Basic Life to get Voluntary life continuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does member have to elect Voluntary Life to have Spouse/Child Voluntary Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

	Pediatric Dental⁴	Health Reimbursement Account²	Flexible Spending Account	EAP⁴
Renewal Date (mm/dd/yyyy)				
Carrier Name				
Carrier Contact Name				
Carrier Contact Email				
Carrier Contact Phone				
Group Number				
Monthly COBRA Premiums (do not include 2%)	Child \$ 2 Children \$ 3+Children \$	EE Only \$ EE + 1 \$ Family \$		EE Only \$ EE + 1 \$ Family \$
Coverage Ends On	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month

⁴Premiums for these benefits for COBRA continuation may differ from the active employee rate.

ADDITIONAL INFORMATION NEEDED TO COMPLETE CLIENT SET UP

Broker Signature

Client Signature

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COBRA CLIENT ACH AUTHORIZATION FORM

On behalf of ("Client") indicated below, I hereby authorize Alerus Retirement and Benefits ("Alerus") to pay to (to credit) Client's designated bank account the monthly COBRA premiums which were received by Alerus from or on behalf of Client's former employees and their beneficiaries and/or to subtract from (to debit) Client's designated bank account, the monthly fees for Alerus services. The credits and debits will settle on the date listed in an email that will be provided by Alerus to the contact members specified below.

- Credit monthly COBRA Premiums and debit monthly fees for services
- Credit monthly COBRA Premiums only (agent is paying for service fees)

Client	
Bank Name	Bank Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing Number	Bank Account Number

NOTE: If you currently have an ACH filter, contact your financial institution to add "ALERUS COBRA," filer number 2262695664 to your acceptable payer list.

AUTHORIZED PERSONS

The persons authorized below are allowed to view supporting document for the above financial transactions which will include COBRA member name, address, current plan election, and premium payment.

Name	Email Address

Name of Client Representative	Date
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CARRIER NOTICE OF ADMINISTRATION

TO	Carrier
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RE	Company Name	Policy #
	Contact	Phone

The company named above has contracted with Alerus Retirement and Benefits (Alerus) to provide COBRA Administration Services. Alerus will be communicating directly with you regarding all eligibility changes as it relates to COBRA, including:

- COBRA elections
- COBRA terminations
- Coverage changes

They give Alerus full authority to work on all eligibility issues involving their COBRA participants. They've listed a contact just in case you have questions regarding this information.

Below is the contact information for individuals at Alerus for your convenience.

WHITNEY HEIDER	COBRA and Eligibility Supervisor	952.253.1284	whitney.heider@alorus.com
TONI COLEMAN	COBRA Administrator	952.253.1274	toni.coleman@alorus.com
DENISE GADE	COBRA Administrator	952.253.1275	denise.gade@alorus.com
SANDY KARG	COBRA and Eligibility Administrator	952.253.1282	sandy.karg@alorus.com
SUE APPLEBY	COBRA and Eligibility Administrator	952.253.1281	sue.appleby@alorus.com
BRIANNA FOSSUM	COBRA Administrator	952.253.1278	brianna.fossum@alorus.com