

# COBRA Administration & Direct Billing Administration Intake Form



## PLAN INFORMATION

After completing this form, you are required to [upload](#) the following for each selected plan:

- Plan Summary/SBC
- [Rate Sheet](#)
- Any applicable enrollment forms and instructions

Plan Year Start Date:  ☐ Federal COBRA ☐ State Continuation

Please select the plans below that are considered COBRA-eligible benefits.

Check COBRA Eligible Benefit	Plan Name (Those Checked Only)	Term Rules
<input type="checkbox"/> Medical		<input type="checkbox"/> End of Month <input type="checkbox"/> Date of Termination
<input type="checkbox"/> Dental		<input type="checkbox"/> End of Month <input type="checkbox"/> Date of Termination
<input type="checkbox"/> Vision		<input type="checkbox"/> End of Month <input type="checkbox"/> Date of Termination
<input type="checkbox"/> HRA		<input type="checkbox"/> End of Month <input type="checkbox"/> Date of Termination
<input type="checkbox"/> FSA - Healthcare		<input type="checkbox"/> End of Month <input type="checkbox"/> Date of Termination
<input type="checkbox"/> Premium Only Deductions		<input type="checkbox"/> End of Month <input type="checkbox"/> Date of Termination

## ELIGIBILITY OVERVIEW

Please specify below how MoneyWise will be receiving ongoing eligibility i.e. QLEs, New Hires, throughout the plan year.

How will Eligibility Data be Submitted? ☐ Send Via SFTP **or** ☐ MoneyWise COBRA Portal

**If you selected SFTP, please provide the following:**

SFTP Vendor Name:

Contact Name:

Contact Email:

Who will be Submitting Eligibility?: ☐ Group ☐ Broker

## CURRENT COBRA PARTICIPANTS

MoneyWise will need to contact all Current COBRA Participants and Pending Electors (Qualifiers) ASAP. Please complete this [template](#) and then [upload](#) it here once completed.

Please let us know if you have any current COBRA Participants or Electors at this time by selecting one of the following:

- ☐ No "Open" COBRA Events at this time / No COBRA Participants / No pending COBRA Electors
- ☐ No COBRA Participants / COBRA Electors will be uploaded
- ☐ Current COBRA Participants and Pending COBRA Electors will be uploaded

## MONTHLY BILLING

Please indicate who should be billed for the group:

- ☐ Client to be billed  
☐ Broker to be billed

## PREMIUM REMITTANCE

*All COBRA remittance payments to the group can be made via check or ACH. If ACH is selected below, you will receive an email from Bill.com to initiate setup. If you already have a Bill.com account, you can add your Bill.com Payment Network ID below to set it up. MoneyWise will debit all monthly fees via ACH.*

Preferred Remittance Method:

- ☐ Check  
☐ ACH

If you selected ACH and have a bill.com account please list your Payment Network ID here:

## AUTHORIZATION & ACKNOWLEDGEMENT

- ☐ If ACH is Selected for Premium Remittance: I hereby authorize MoneyWise Solutions to initiate credit entries to the Account for Premium Remittance.
- ☐ I hereby authorize MoneyWise Solutions to initiate debit entries to cover Administrative Fee Funding for all employer paid fees, including but not limited to setup fees and monthly fees.

Electronic Signature:

Print Name:

Title:

Date: