

IMPORTANT - REQUEST FOR RATE INFORMATION



Benefit and Rate Changes for 12-Month Determination Period

Please complete this form and fax it to Discovery Benefits **no later than 30 days prior to the start of your determination period**. Once received, Discovery Benefits will communicate the new rates to the COBRA continuants along with new payment coupons.

To maintain compliance with COBRA regulations, an employer may not retroactively increase COBRA premiums after the start of the determination period except in limited instances. In no event may a change be made retroactively. IRS COBRA regulations "explicitly require that the determination of the applicable premium be made for a period of 12 months and that the determination be made before the beginning of the period. Therefore, the final regulations do not permit an increase in the applicable premium during the 12-month determination period." Any shortfall in premium payments by COBRA continuants that is due to late notification of rate changes to Discovery Benefits is the responsibility of the employer. This may result in the plan being cancelled by the carrier if not paid.

Company Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact Name

Phone Number

Email

1. Carrier Change Information

Is there a carrier change?

No Yes Effective date of change:

If yes, is the change a rollover/transfer of plans/continuant(s)?

No Yes

If it is not a rollover/transfer please provide a copy of the insurance carrier application form. Discovery Benefits will send the completed applications to the carrier for updates.

2. Benefit Change Information

Is there a benefit change?

No Yes Effective date of change:

If benefits are changing, the benefit information packet describing the benefit change(s) will be sent by: (please select)

Employer/Insurance Carrier (Employer: please provide to Discovery Benefits a benefit change information form for our records)

Discovery Benefits (Employer: please provide COBRA benefit information packets, including a letter explaining the benefit change, for all qualified beneficiaries)

IMPORTANT - REQUEST FOR RATE INFORMATION

Discovery Benefits COBRA

Benefit:	
New Carrier Name:	
Plan Policy Number:	
Carrier Representative:	
Carrier Phone/Fax Number:	
Carrier email (if applicable):	

Benefit:	
New Carrier Name:	
Plan Policy Number:	
Carrier Representative:	
Carrier Phone/Fax Number:	
Carrier email (if applicable):	

3. Rate Change Information (Please provide Discovery Benefits with all information provided to current employees about the rate change)

Are any premium rate(s) changing?

No Yes* Effective date of change (Determination Period):

*This may not be changed for 12 months subject to certain conditions.

4. Open Enrollment Period

Is there an open enrollment period?

No Yes Open Enrollment Start Date: Open Enrollment End Date:

5. Future Notifications

Please provide us with your email address:

(All correspondence will be by email only going forward)

Email:

Please return this form to Discovery Benefits at least 30 days prior to any benefit change, rate change and/or open enrollment effective date. Failure to do so will result in the employer being responsible to cover a shortfall in premium payments to the carrier. It is the employer's responsibility to advise qualified beneficiaries of any changes to benefits, unless indicated above, and Discovery Benefits receives from the employer benefit change information for each qualified beneficiary. Discovery Benefits will send notice of any rate change and open enrollment information to all qualified beneficiaries as indicated above.

Employer Representative

Date

*Please note that the rates will be processed only upon receipt of all the information requested.

IMPORTANT - REQUEST FOR RATE INFORMATION

Discovery Benefits COBRA

6. Rate Change Information

- Please indicate the new full monthly rates.
- **PLEASE DO NOT INCLUDE the 2% COBRA ADMIN FEE**
- **Please specify if you have different levels of coverage than listed below**

Medical

Please enter the carrier/plan description at the top of each column

Level of Coverage

Single	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single+ Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dental

Please enter the carrier/plan description at the top of each column

Level of Coverage

Single	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single+ Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vision

Please enter the carrier/plan description at the top of each column

Level of Coverage

Single	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single+ Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single +Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other:

Please enter the carrier/plan description at the top of each column

Level of Coverage

Single	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single + Children	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IMPORTANT - REQUEST FOR RATE INFORMATION

Discovery Benefits
COBRA

Determination Period: The determination period can be any 12-month period selected by the plan, but it must be applied consistently from year to year. Most plans use the plan year as the determination period. The determination period can differ from the plan year. For example, if the plan year of an insured plan differs from the insurance policy's coverage period (i.e., the period for which the insurer sets premiums), the employer may prefer to use the policy coverage period as the determination period, rather than the plan year.

A determination period may start a few weeks or months after the end of the policy coverage period (e.g., the policy coverage period could end December 31 and the new determination period could begin February 1). This would give the employer more time to obtain new insurance rates, set the applicable premium based on those rates, and advise qualified beneficiaries of changes in their COBRA premiums before the determination period begins. An employer taking this approach would want to keep any difference between the determination period and the policy coverage period to a minimum (i.e., no more than a few weeks).

COBRA regulations do not expressly prohibit or permit changes to a plan's determination period. The IRS COBRA regulations state only that the determination period must be a 12-month period that is applied consistently from year to year. Because of the lack of guidance and authority on changing a plan's determination period, employer should consult with legal counsel before changing a determination period.

In general, if the plan documents clearly provide that COBRA premiums will be 102% of the applicable premium, and if there has been a clear clerical or mathematical error, it should be permissible to increase COBRA premiums to correct the error on a prospective basis during the determination period.