A photograph of two hands reaching towards each other against a sky background with clouds. A large teal triangle is on the right side of the image.

**Benefits for people,  
by people**

## **COBRA & Billing Services Employer Portal Guide**



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## Introduction

Welcome! We're pleased to have the opportunity to be of service to you and your organization.

We created this guide to help you move around the COBRA and Billing Services employer portal and make the most of your online account.

### A FEW NOTES ABOUT THIS GUIDE

This guide covers COBRA and Billing Services. Most of the processes covered in this guide are the same for both services, while the actions are specific to each product. You can learn more about actions in the [Actions Available section](#) later in this document.

The screenshots used in this guide may reflect one or both services. If you have just COBRA services with us, you will not see some of the Billing Services items reflected in this guide when you log in to your portal. The reverse is also true – if you have just Billing Services with us, you will not see some of the COBRA items reflected in this guide when you log into your portal.

We use the terms “employee” and “participant” throughout this guide. The terms can often be used interchangeably, but we typically refer to individuals on COBRA or retirees as “participants” since these individuals are not active employees. When referring to the portal used by these individuals, the Employee Portal and the Participant Portal are indeed the same portal.

If you find you still have questions, we're happy to help! Your client service team is available to assist you with any questions or support you may need.

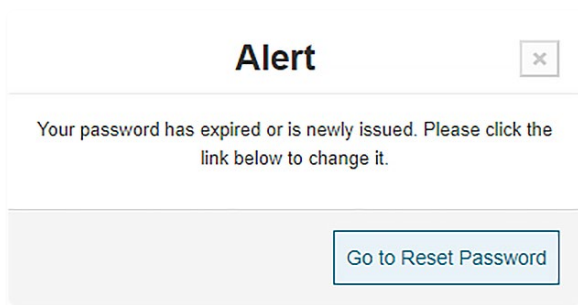
## Login

You can access your online account by visiting [app.unifyhr.com](http://app.unifyhr.com).

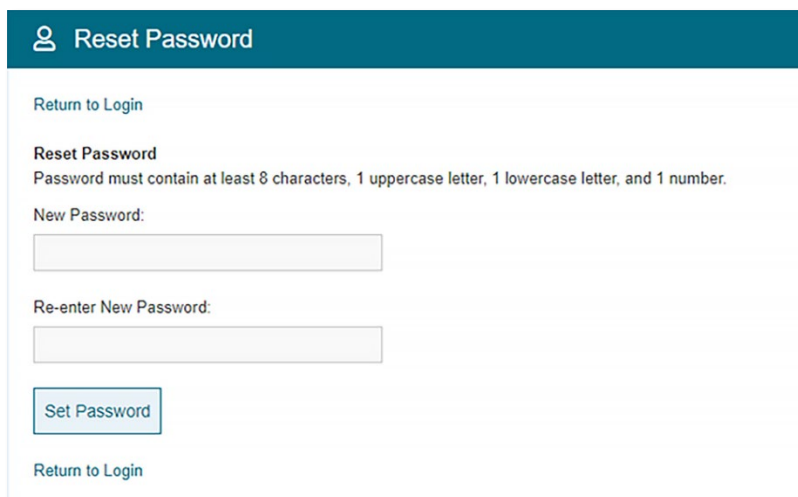
## First Time Login

You will receive a temporary password as part of the setup process. When you visit the site for the first time, log in using your email address as your username and the temporary password.

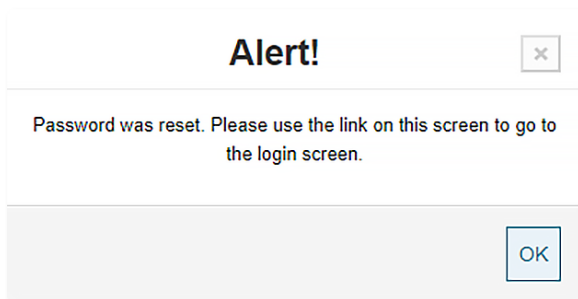
When you log in using a temporary password you are required to set a new password by clicking Go to Reset Password.



Enter your new password in the password fields and click Set Password.

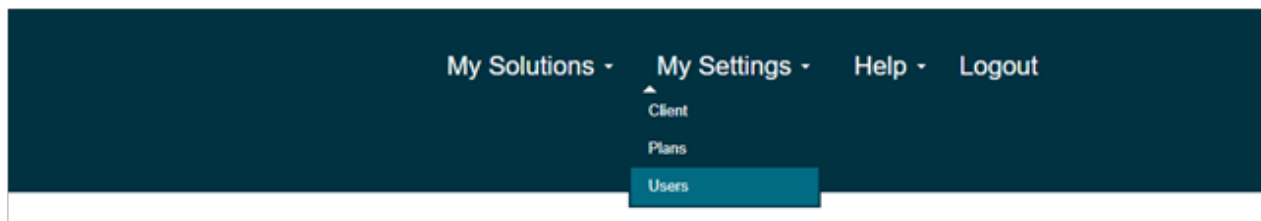

 A "Reset Password" form with a teal header. It includes a "Return to Login" link at the top. The "Reset Password" section contains instructions: "Password must contain at least 8 characters, 1 uppercase letter, 1 lowercase letter, and 1 number." Below this are two input fields: "New Password:" and "Re-enter New Password:". A "Set Password" button is located below the second field. At the bottom, there is another "Return to Login" link.

Click OK to acknowledge the password change and then click Return to Login to log in using your username and new password.



## Changing Your Password

As an active portal user, you can change your password whenever necessary. To reset your password, click on My Settings in the top menu and choose Users from the drop-down list.



Use the System Users drop-down list to select your name and then click Edit User.



In the Login Information section, use the password fields to update your password and then click Update Login Info.

### Login Information

Username

Password must be at least 8 characters long and contain as least 1 number, one letter, and one upper case letter.

Password

Confirm Password (if updating)



## Forgot Password

If you forget your password, you can reset it by clicking the Forgot login or password? link in the login window.

The screenshot shows the login interface for a WEX™ company group. At the top, it says "a WEX™ company group" and features the logos for CHARDSNYDER and UnifyHR. Below the logos is the heading "SIGN IN". There are two input fields: "Username" and "Password". A "Sign me in" button is located to the right of the password field. At the bottom of the form, there are two links: "Create an account" and "Forgot login or password?".

Enter your email in the Forgot Password section of the Recover Login/Password page and click Reset Password. You will receive an email with a link to reset your password following the process described above.

The screenshot shows the "Recover Login/Password" page. The page has a teal header with a user icon and the text "Recover Login/Password". Below the header, there is a "Return to Login" link. The "Instructions" section states: "Use this form to retrieve your login and/or password. NOTE: You must have an account in order to retrieve your login/password. Please use the link below if you need to create an account." There is a "Create an account" link. The "Forgot Password" section includes the instruction: "Enter your login below. You will be sent an email specifying how to reset your password." and a form with an "Enter Login or Email Address:" label and an input field, followed by a "Reset Password" button. The "Forgot Login" section includes the instruction: "Enter the email address below that was used to set up your account." and a form with an "Enter Email Address:" label and an input field, followed by a "Send Login" button. At the bottom, there is a "Questions?" link and a note: "Please visit our support page to contact us."

## Employer Portal Homepage

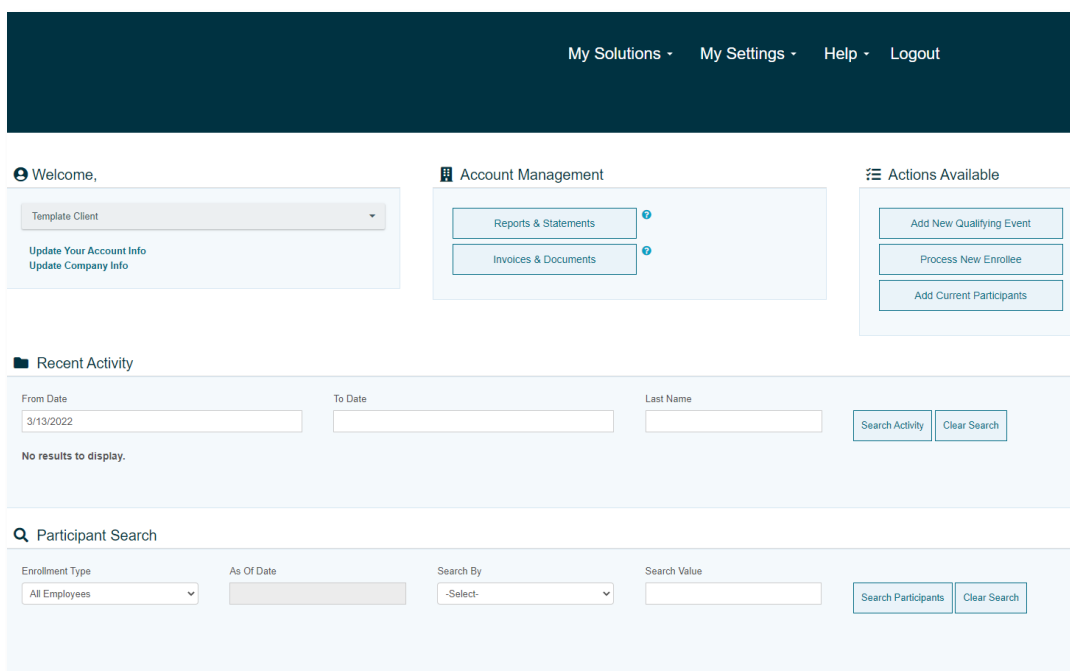
You can also learn about the employer portal by watching our [Employer Portal Overview video](#).

The first page you see when logging in is the COBRA and Billing Services “essentials” portal homepage.

We call this section of our website the essentials portal because it contains the core elements you need to manage your COBRA and Billing Services programs. You can access additional information by choosing Full Site under My Solutions in the menu at the top of the homepage. See the [Full Site section](#) later in this document for more information.

This page gives you quick and easy access to the most common tasks and information:

- Your account and company info
- Reports and statements
- Invoices and documents
- Actions, including entering new qualifying events and new plan enrollees
- Recent activity
- Participant information



The screenshot shows the Employer Portal Homepage with a dark blue navigation bar at the top containing 'My Solutions', 'My Settings', 'Help', and 'Logout'. Below the navigation bar, the page is divided into several sections:

- Welcome:** Includes a 'Template Client' dropdown menu and links for 'Update Your Account Info' and 'Update Company Info'.
- Account Management:** Contains buttons for 'Reports & Statements' and 'Invoices & Documents', each with an information icon.
- Actions Available:** Features three buttons: 'Add New Qualifying Event', 'Process New Enrollee', and 'Add Current Participants'.
- Recent Activity:** Includes search filters for 'From Date' (3/13/2022), 'To Date', and 'Last Name', along with 'Search Activity' and 'Clear Search' buttons. Below the filters, it states 'No results to display.'
- Participant Search:** Includes search filters for 'Enrollment Type' (All Employees), 'As Of Date', 'Search By' (-Select-), and 'Search Value', along with 'Search Participants' and 'Clear Search' buttons.

## My Settings

Choosing My Settings from the navigation menu at the top gives you access to your client information, plans, and users.



## Client Information

The Client Information section contains demographic information for your company, as well as employee count information and a global setting that controls when COBRA coverage begins for your COBRA participants.

You can update the information in this section whenever necessary.

**Client Information**

Client Name \*  Federal Employer Tax ID

Address 1 \*  Address 2

Phone Number ?  Extension

City \*  State \*  ZIP Code \*

COBRA Coverage Begins ?

Employee Count ?  Last Updated By: Shaub, Jennifer on 2/17/2022

Covered Employee Count ?  Last Updated By: MacNeal, Kenneth on 3/9/2022

[Update Client Info](#)

*Tip:* Some field names throughout the portal include a ? symbol. You can find additional information about that field by clicking on the symbol.

## Plans

The Plans section gives you access to the plans associated with your account. To view your plans, choose the applicable time frame from the drop-down list.

Click the Edit link to update plan information like the plan name and rates.

**Plans**

Filter by Time Frame ?

Add a New Plan ?

|                      | Plan Name         | Plan Year Begin | Plan Year End |   |
|----------------------|-------------------|-----------------|---------------|---|
| <a href="#">Edit</a> | 2022 Medical Plan | 10/1/2021       | 12/31/2022    | X |
| <a href="#">Edit</a> | 2022 Dental Plan  | 10/1/2021       | 12/31/2022    | X |
| <a href="#">Edit</a> | 2022 Life Plan    | 10/1/2021       | 12/31/2022    | X |
| <a href="#">Edit</a> | New Plan          | 11/29/2021      |               | X |
| <a href="#">Edit</a> | 2022 HRA Plan     | 1/1/2022        | 12/31/2022    | X |



## Users

The Users section lets you view and edit the accounts for your team members who have access to the portal.

To access a user's account details, choose the appropriate user from the System Users drop-down list:

**System Users**

(ID: 5712701) Sample Employee
▼
Edit User
Add User

The User Information section contains contact details for each user.

**User Information**

|   |   |   |
|---|---|---|
| Account Number <span>?</span><br>5712701  | Employer <span>?</span><br>Test Client      | Active<br><input checked="" type="checkbox"/> |
| First Name *<br><input type="text"/>  | Last Name *<br><input type="text"/>         |   |
| Employee ID<br><input type="text"/>   | Division <span>?</span><br>-Not Assigned- ▼ |   |
| Address 1 <span>?</span><br>1035 Decker Court   | Address 2<br>310                            |   |
| City<br>Irving  | State<br>Texas ▼                            | ZIP Code<br>75062                             |
| Email Address <span>?</span><br><input type="text"/>  |   |   |
| Home Phone<br>###-###-####  | Mobile Phone<br>###-###-####                | Office Phone<br>###-###-####                  |
| <span style="border: 1px solid #0070c0; padding: 5px 15px; color: #0070c0;">Update User Info</span> |   |   |



## Help

Choosing Help from the top menu takes you to your secure Message Center. You can send secure messages directly to your client service team by clicking New Message. You'll receive an email to your email address on file letting you know when a response is available in the secure Message Center.

**Message Center**

Any secure messages you submit to the UnifyHR Customer Care Team appear in the list below. If you wish to submit a new message, click the 'New Message' button. NOTE: Please allow one business day for a response. Messages with any new response(s) appear in bold.

**Message Center**

From:

To:

Reason:

Phone:

Message:

## Welcome

The Welcome section displays your company name and address for quick verification that you're accessing the correct account. This section also contains links to your personal account information and company information.

**Welcome,**

Test Client

---

test street  
City, NJ 77777  
Phone: (888) 888-8888

[Update Your Account Info](#)  
[Update Company Info](#)

## Account Management

The Account Management section gives you access to reports and documents.

### Account Management



## Reports

Click Reports button to access the report catalog. This catalog includes all the standard reports available to you. To access a report, click on the report name in the catalog, enter the parameters for the report (if any), and then click Run Report.

To access historical reports, choose Report History from the Navigate To... drop-down list.



## Documents

The Documents section allows you to access any documents attached to your account. Typically, the documents you'll find in this section are documents that you provide for viewing by your participant via the participant portal.

Click View to see the contents of a document.

Navigate To... ▾


### ☰ Documents

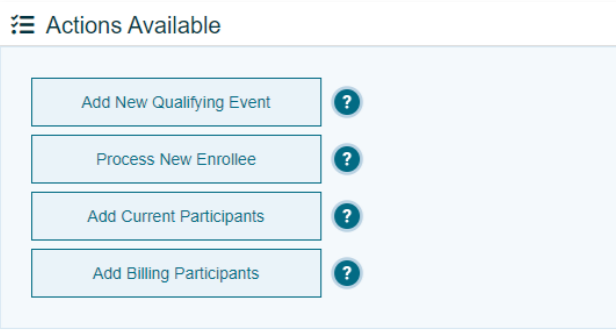
|                      | Document Name             | Pages |
|----------------------|---------------------------|-------|
| <a href="#">View</a> | COVID-19 Extension Notice | 1     |
| <a href="#">View</a> | ARPA Insert - April 2021  | 2     |

## Actions Available

From the Actions Available section, you can:

- Add a new qualifying event to let us know when qualifying events happen so we can send election notices.
- Process a new enrollee to let us know about newly covered individuals so we can send the COBRA General Notice.
- Add current participants to let us know about anyone who is currently on COBRA when we first start administering COBRA for your company.
- Add Billing participants to let us know about retirees, employees on a leave, or anyone else who isn't a COBRA participant and who you need us to bill for their share of premiums.

Click the  next to each button to launch a step-by-step guide to performing the action. (If your plans are individually rated, see the special section at the end of this guide regarding how to submit a COBRA qualifying event for an individually rated plan.)





## Add New Qualifying Event (applies only to COBRA)

*Prefer video instead?* Watch a video overview of how to process qualifying events (or how to process qualifying events with age banded plans and rates).

To enter a new qualifying event, you must first perform a participant search to determine if the individual is already in the system. Enter the first name, last name, date of birth, and gender of the primary individual who experienced the qualifying event then click Search/Add.

**Search / Add Participant**

Enter any of the following information to locate the participant. We will ask for additional information if the participant is not already in our system.

|  |  |  |
|--|--|--|
| Employer<br><input type="text" value="Test Client"/> | Account Number <span style="color: blue;">?</span><br><input type="text"/> | Employee Number<br><input type="text"/>                  |
| First Name<br><input type="text"/>                   | Last Name<br><input type="text"/>  | Date of Birth<br><input type="text" value="mm/dd/yyyy"/> |
| Gender<br><input type="text" value="-Select-"/>      |  |  |

If the search returns a result, click the individual's name and complete the steps below. If the search does not return any results, you will be prompted to insert a new participant.

**Insert New Participant**

We could not find a matching participant based on the criteria you entered. Please enter additional information below to create this new participant, or try searching again.

|   |  |  |
|---|--|--|
| Client<br><input type="text" value="Test Client"/>                              |  |  |
| First Name<br><input type="text" value="Sally"/>                                | Middle Name<br><input type="text"/>                                | Last Name<br><input type="text" value="Sample"/>           |
| Date of Birth<br><input type="text" value="7/1/1972"/>                          | Social Security Number<br><input type="text" value="###-##-####"/> | Employee Identifier<br><input type="text"/>                |
| Division<br><input type="text" value="-Select-"/>                               |  |  |
| Country<br><input type="text" value="USA"/>                                     |  |  |
| Address<br><input type="text" value="street number, po box, c/o"/>              |  |  |
| Address 2<br><input type="text" value="apartment #, suite, floor, department"/> |  |  |
| City<br><input type="text"/>  | State<br><input type="text" value="-Select-"/>                     | ZIP<br><input type="text"/>                                |
| Email<br><input type="text"/>   |  | Gender<br><input type="text" value="Female"/>              |
| Phone Number<br><input type="text" value="###-###-####"/>                       | Mobile Number<br><input type="text" value="###-###-####"/>         | Office Number<br><input type="text" value="###-###-####"/> |



Be sure to complete all the applicable fields then click Confirm Add to add the participant to the system and move on to the next step.

### Step 1. What was the Qualifying Event?

Use the Qualifying Event drop-down list to choose the event type (e.g., termination, divorce, etc.) and then enter the date the event happened.

Use the Event Type drop-down list to tell us if the event was voluntary or involuntary.

**Important Note:** Only complete the COBRA Election Notice Mailed Date field if your prior COBRA administrator already mailed an election notice for this qualifying event.

### Step 1: What was the Qualifying Event?

Fields marked with an asterisk (\*) are required.

Qualifying Event \* ?

-Select-

Date of Event \* ? Event Type

mm/dd/yyyy

-Select One-

COBRA Election Notice Mailed Date ? **Next, Plan Info** ➔

mm/dd/yyyy

Complete ?

Start Over ?

### Step 2. Add Plans

Using the drop-down list, select each of the plans the individual(s) were covered under the day the qualifying event. After selecting a plan from the drop-down list, click Add Plan to attach the plan to the qualifying event.

### Step 2: Add Plans

Use the drop-down list below to select the plan(s) the individual(s) were covered under the day before the qualifying event. If you don't see the plan listed, click "Add a new plan" below.

No plans have been added. Use the drop-down to add plans.

2022 Medical Plan

Add Plans

+ Add a New Plan ?

**Next, dependent info** ➔ ?

Or click Complete if there are no dependents.



## Step 2, with plans added

### Step 2: Add Plans

Use the drop-down list below to select the plan(s) the individual(s) were covered under the day before the qualifying event. If you don't see the plan listed, click "Add a new plan" below.

| Plan Name         |                    |        |
|-------------------|--------------------|--------|
| 2022 Medical Plan | Edit Plan Premiums | Remove |
| 2022 Dental Plan  | Edit Plan Premiums | Remove |

2022 Life Plan

Add Plans

+ Add a New Plan ?

Next, dependent info ?

Or click Complete if there are no dependents.

If necessary, you can edit the premiums for a plan by clicking Edit Plan Premiums. You should only edit the premiums if the rates for this individual differ from your standard COBRA premiums or if your rates change due to age (aka "age banded rates").

When editing plan premiums, use the drop-down menu to switch from Client Rates to Individual Rates. You will then choose each coverage tier that should appear on the election notice and enter the corresponding rates for each tier.

Click Update when you're done to move on to the next step.

### Plan Information ✕

Client Rates - this participant will use the same rate as all participants in this client.

Individual Rates - this participant will use rates that will only apply to them.

#### Plan Premiums

Select the type of rates this participant will use:

Individual Rates

\*Please enter the full premium amount. Do not include the 2% COBRA administration fee.

Employee Only \$

Add New Rate

Update Close



### Step 3. Dependent Information

You will now add plans for any dependents associated with the qualifying event. If there are no dependents associated with the qualifying event, click Complete to move to the next step.

If there are dependents associated with the event that are not yet in the system, you must add them now by clicking +Add a new dependent.

### Step 3: Dependent Information

Add plans for the dependents below, you can also add a new dependent.

No Dependents on file, click the link below to add a new dependent.

[+ Add a new dependent](#)

Complete the fields in the New Dependent window for each dependent you need to add and then click Add.

New Dependent
×

#### Dependent Information

|   |  |  |
|---|--|--|
| First Name *  | Middle Name  | Last Name *                              |
| <input style="width: 95%;" type="text"/>                    | <input style="width: 95%;" type="text"/>                     | <input style="width: 95%;" type="text"/> |
| Date of Birth   | SSN  | Member Number                            |
| <input style="width: 95%;" type="text" value="mm/dd/yyyy"/> | <input style="width: 95%;" type="text" value="###-##-####"/> | <input style="width: 95%;" type="text"/> |
| Relationship *  | Gender *   |  |
| <input style="width: 95%;" type="text" value="-Select-"/>   | <input style="width: 95%;" type="text" value="-Select-"/>    |  |

Add ?
Cancel ?

You will be prompted to add plans for each dependent you enter. Click Select next to each dependent and then use the drop-down list to add their plans.

Step 3: Dependent Information

Add plans for the dependents below, you can also add a new dependent.

|        | Dependent Name | Relationship | Date of Birth |
|--------|----------------|--------------|---------------|
| Select | John Sample    | Spouse       | 5/1/1971      |

+ Add a new dependent

No plan(s) for John Sample. Select the plan you wish to add and click the Add Plans button.

2022 Medical Plan

Adding plans for dependents follows the same process as adding plans for the primary individual (see above for more information).

Step 3: Dependent Information

Add plans for the dependents below, you can also add a new dependent.

|        | Dependent Name | Relationship | Date of Birth |
|--------|----------------|--------------|---------------|
| Select | John Sample    | Spouse       | 5/14/1976     |

+ Add a new dependent

Eligible plan(s) for John Sample.

| Plan Name         |        |
|-------------------|--------|
| 2022 Medical Plan | Remove |

No more plans to add.

When you're done adding plans for all dependents, click Complete to finish entering the qualifying event.

If you need to enter another qualifying event, click Yes, process another. If you're done entering qualifying events for now, click No, I'm done.

## Complete

You have successfully processed the qualifying event for this participant. Do you want to process another one?

## Process New Enrollee (applies only to COBRA)


*Prefer video instead? Watch a video overview of how to process new enrollees.*

Individuals who become covered under your plan need to receive a COBRA General Notice. You can let us know about these individuals by clicking Process New Enrollee and completing the following steps.

To process a new enrollee, you will start by searching for the participant to see if they already have a record in the system.

**Search / Add Participant**

Enter any of the following information to locate the participant. We will ask for additional information if the participant is not already in our system.

|                         |  |                             |
|-------------------------|--|-----------------------------|
| Employer<br>Test Client | Account Number  | Employee Number             |
| First Name              | Last Name  | Date of Birth<br>mm/dd/yyyy |
| Gender<br>-Select-      |  |                             |

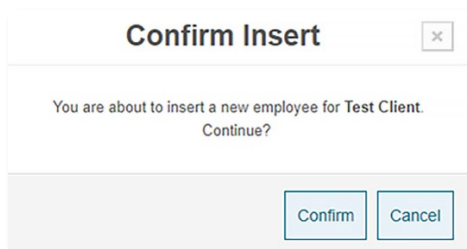
If the search returns a result, click the individual's name and complete the steps below. If the search does not return any results, you will be prompted to insert a new participant.

**Insert New Participant**

We could not find a matching participant based on the criteria you entered. Please enter additional information below to create this new participant, or try searching again.

|  |                                       |                               |
|--|---------------------------------------|-------------------------------|
| Client<br>Test Client                              |                                       |                               |
| First Name<br>Sally                                | Middle Name                           | Last Name<br>Sample           |
| Date of Birth<br>5/1/1980                          | Social Security Number<br>###-##-#### | Employee Identifier           |
| Division<br>-Select-                               |                                       |                               |
| Country<br>USA                                     |                                       |                               |
| Address<br>street number, po box, c/o              |                                       |                               |
| Address 2<br>apartment #, suite, floor, department |                                       |                               |
| City   | State<br>-Select-                     | ZIP                           |
| Email  | Gender<br>Male                        |                               |
| Phone Number<br>###-###-####                       | Mobile Number<br>###-###-####         | Office Number<br>###-###-#### |

Be sure to complete all the applicable fields, then click Confirm Add to add the participant to the system and move on to Employment History.



**Confirm Insert** [X]

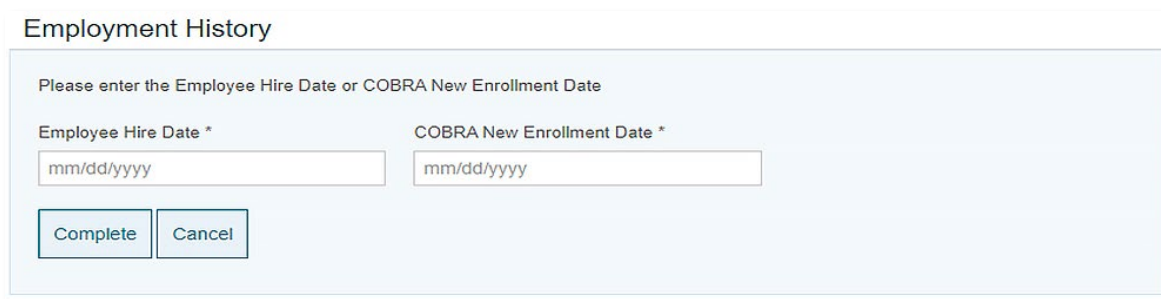
You are about to insert a new employee for Test Client.  
Continue?

Confirm Cancel

## Employment History

Here you will provide the employee's hire date and the COBRA New Enrollment Date for the new enrollee.

*The COBRA New Enrollment Date is the date this individual first became covered under one or more of your COBRA eligible plans.*



Employment History

Please enter the Employee Hire Date or COBRA New Enrollment Date

Employee Hire Date \*      COBRA New Enrollment Date \*

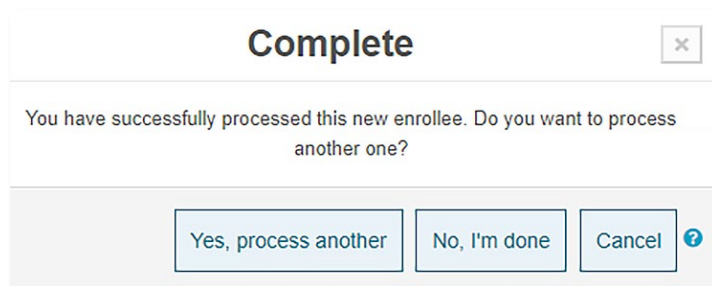
mm/dd/yyyy      mm/dd/yyyy

Complete Cancel

We use these dates to generate notices and communicate with your health plans. If you want us to send a COBRA General Notice to this individual, you must enter the date this individual first became covered under one or more of your COBRA-eligible plans. If you do not provide a date in COBRA New Enrollment Date field, we will not send a General Rights Notice.

When done, click Complete.

If you have more new enrollees to process, click Yes, process another. If you're done entering new enrollees for now, click No, I'm done.



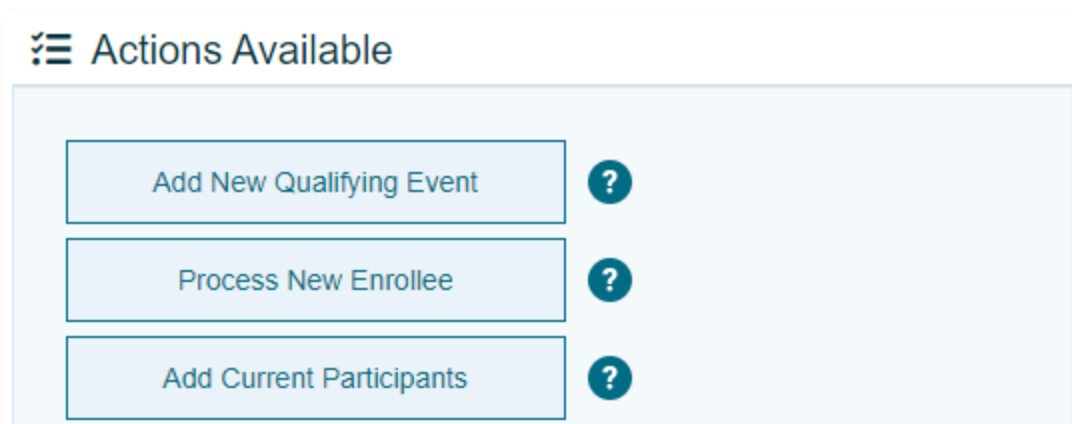
**Complete** [X]

You have successfully processed this new enrollee. Do you want to process another one?

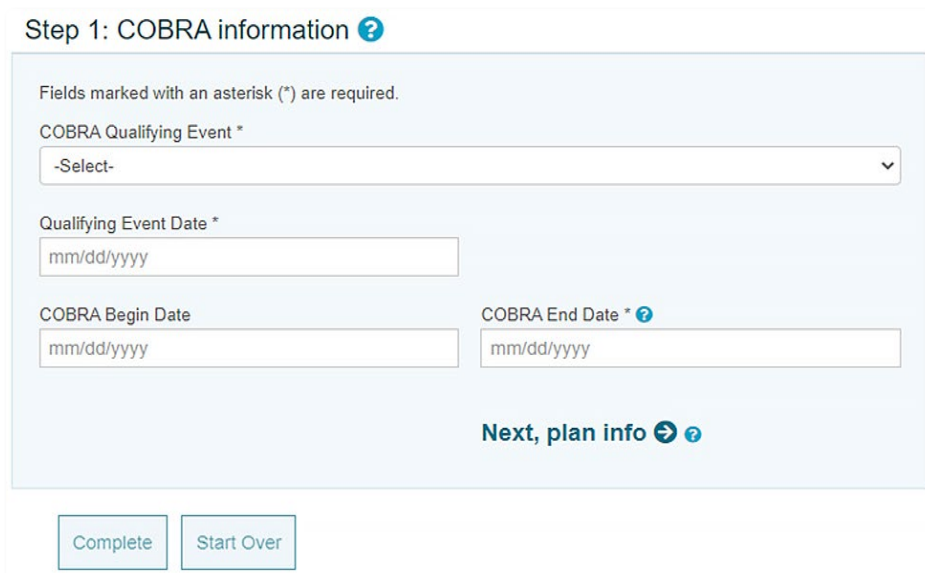
Yes, process another    No, I'm done    Cancel ?

### Add Current Participants (applies only to COBRA)

Adding current participants is usually only done during the onboarding process or when you acquire another organization. You complete this process to let us know of any current COBRA participants that we will handle going forward.




The process for adding current participants is very similar to the process for adding new qualifying events, but you will also be asked to provide the COBRA Begin Date and the COBRA End Date for the current participants:


 A screenshot of a web form titled "Step 1: COBRA information" with a help icon. The form includes a note: "Fields marked with an asterisk (\*) are required." Below this are four input fields:
 

- "COBRA Qualifying Event \*" is a dropdown menu with "-Select-" selected.
- "Qualifying Event Date \*" is a text input field with the placeholder "mm/dd/yyyy".
- "COBRA Begin Date" is a text input field with the placeholder "mm/dd/yyyy".
- "COBRA End Date \*" is a text input field with the placeholder "mm/dd/yyyy" and a help icon.

 At the bottom right of the form is a "Next, plan info" button with a right arrow and a help icon. At the very bottom are two buttons: "Complete" and "Start Over".

For help completing the Add Current Participants action, see the Add New Qualifying Event section above or click the  to view step-by-step instructions.



## Add Billing Participants (applies only to Billing Services)

*Prefer video instead? Watch a video overview of how to add billing participants.*

You can add Billing participants during the onboarding process or whenever you have a new retiree or employee on leave. These features are only available if you have a billing plan set up with us.

To add a new Billing participant, you must first perform a participant search to determine if the individual is already in the system. Enter the first name, last name, date of birth, and gender of the primary individual you need to add and then click Search/Add.

Search / Add Participant

Enter any of the following information to locate the participant. We will ask for additional information if the participant is not already in our system.

|                         |                |                             |
|-------------------------|----------------|-----------------------------|
| Employer<br>Test Client | Account Number | Employee Number             |
| First Name              | Last Name      | Date of Birth<br>mm/dd/yyyy |
| Gender<br>-Select-      |                |                             |

Search/Add Start Over

If the search returns a result, click the link next to the individual's name and complete the steps below. If the search does not return any results, you will be prompted to insert a new participant.

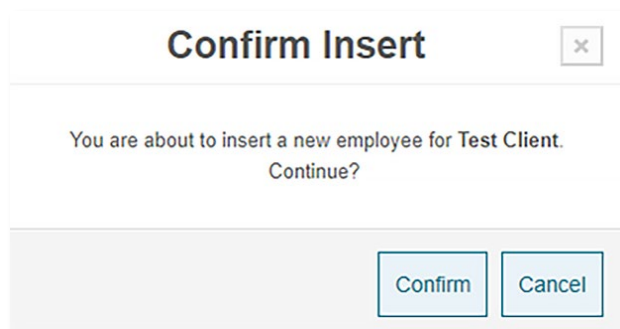
Insert New Participant

We could not find a matching participant based on the criteria you entered. Please enter additional information below to create this new participant, or try searching again.

|  |                                       |                               |
|--|---------------------------------------|-------------------------------|
| Client<br>Test Client                              |                                       |                               |
| First Name<br>Sally                                | Middle Name                           | Last Name<br>Sample           |
| Date of Birth<br>7/1/1972                          | Social Security Number<br>###-##-#### | Employee Identifier           |
| Division<br>-Select-                               |                                       |                               |
| Country<br>USA                                     |                                       |                               |
| Address<br>street number, po box, c/o              |                                       |                               |
| Address 2<br>apartment #, suite, floor, department |                                       |                               |
| City   | State<br>-Select-                     | ZIP                           |
| Email  | Gender<br>Female                      |                               |
| Phone Number<br>###-###-####                       | Mobile Number<br>###-###-####         | Office Number<br>###-###-#### |

Confirm Add Start Over

Be sure to complete all the applicable fields then click Confirm Add to add the participant to the system and move on to the next step.

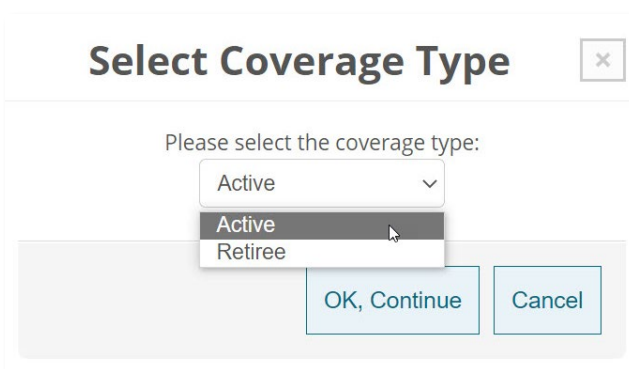


**Confirm Insert** [X]

You are about to insert a new employee for Test Client.  
Continue?

Confirm Cancel

With your new Billing participant added, it is time to choose the participant's coverage type (e.g., active, retiree, etc.) from the Select Coverage Type pop-up window:



**Select Coverage Type** [X]

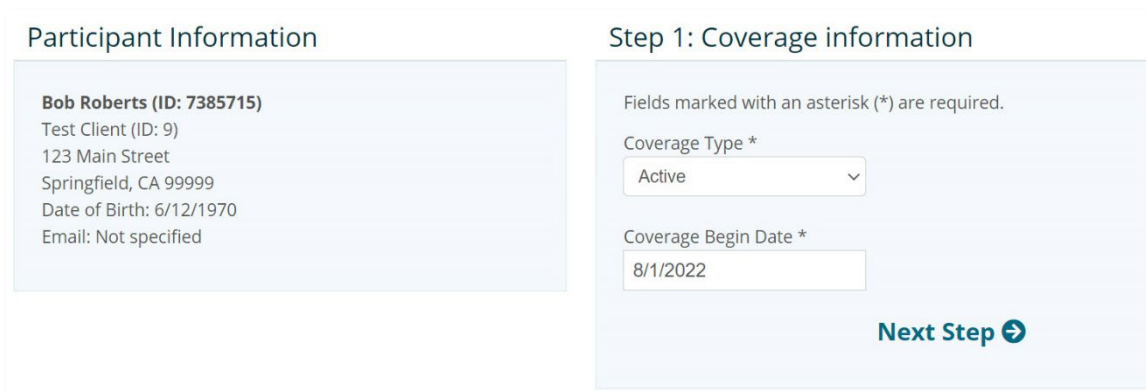
Please select the coverage type:

Active [v]  
 Active  
 Retiree

OK, Continue Cancel

- If your Billing program includes a single coverage type, simply click OK, Continue.
- If your Billing program includes multiple coverage types, use the drop-down list to select the correct option for this participant and then click OK, Continue.

You must now enter the Coverage Begin Date and then click Next Step to enter plan information for this participant.



**Participant Information**

**Bob Roberts (ID: 7385715)**  
 Test Client (ID: 9)  
 123 Main Street  
 Springfield, CA 99999  
 Date of Birth: 6/12/1970  
 Email: Not specified

**Step 1: Coverage information**

Fields marked with an asterisk (\*) are required.

Coverage Type \*  
 Active [v]

Coverage Begin Date \*  
 8/1/2022

**Next Step** →





## Step 2. Add Plans

Using the drop-down list, select each of the plans the Billing participant is covered under. After selecting a plan from the drop-down list, click Add Plan to attach the plan to the participant.

**Step 2: Plan Information** ?

Use the drop-down to select each plan this participant is covered under. Click Add Coverage to add the plan to the participant's record. Click Add a New Plan if you the plan you need is not included in the drop-down list.

No plans have been added. Use the drop-down to add plans.

Plan Name \* Coverage Begin \* Coverage End \*

2022 Medical Plan 8/1/2022 12/31/2022 [Add Coverage](#) ?

[Add a New Plan](#) ?

[Next Step](#) →

After adding all of the plans for this participant, click Next Step to move on to adding dependents.

**Step 2: Plan Information** ?

Use the drop-down to select each plan this participant is covered under. Click Add Coverage to add the plan to the participant's record. Click Add a New Plan if you the plan you need is not included in the drop-down list.

| Plan Name         | Coverage Begin | Coverage End | Coverage Type |                                    |                        |
|-------------------|----------------|--------------|---------------|------------------------------------|------------------------|
| 2022 Medical Plan | 8/1/2022       | 12/31/2022   | Active        | <a href="#">Edit Plan Premiums</a> | <a href="#">Remove</a> |

Plan Name \* Coverage Begin \* Coverage End \*

2022 Dental Plan 8/1/2022 12/31/2022 [Add Coverage](#) ?

[Add a New Plan](#) ?

[Next Step](#) →

## Step 3. Dependent Information

You will now add any dependents associated with the primary Billing participants.

**Step 3: Dependent Information (optional)**

Use this section to let us know about any dependents and the plans they are covered under.

There are no dependents on file. Click Add a New Dependent to add a dependent.

[+ Add a new dependent](#)

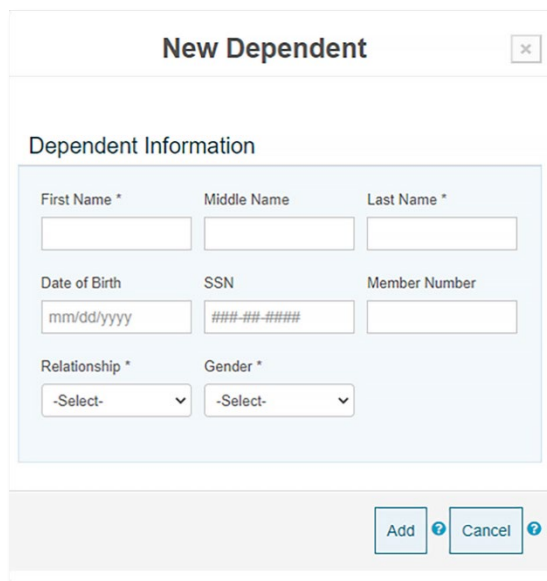
[Next Step](#) →



If there are no dependents associated with the participants, click Next Step to continue.

If there are dependents associated with the participants that are not yet in the system, you must add them now by clicking +Add a new dependent.

Complete the fields in the New Dependent window for each dependent you need to add and then click Add.


 A screenshot of the 'New Dependent' window. The window has a title bar with a close button (X). Below the title bar is the section 'Dependent Information'. This section contains several input fields: 'First Name \*', 'Middle Name', and 'Last Name \*' (all text boxes); 'Date of Birth' (text box with placeholder 'mm/dd/yyyy'), 'SSN' (text box with placeholder '###-##-####'), and 'Member Number' (text box); 'Relationship \*' and 'Gender \*' (both dropdown menus with '-Select-' as the current selection). At the bottom right of the window are two buttons: 'Add' and 'Cancel', each with a help icon (question mark) next to it.

You will be prompted to add plans for each dependent you enter. Click Select next to each dependent and then use the drop-down list to add their plans.


 A screenshot of the 'Step 3: Dependent Information (optional)' window. The window has a title bar and a subtitle 'Step 3: Dependent Information (optional)'. Below the subtitle is a text prompt: 'Use this section to let us know about any dependents and the plans they are covered under.' There is a table with the following data:
 

|        | Dependent Name | Relationship | Date of Birth |
|--------|----------------|--------------|---------------|
| Select | Sally Roberts  | Spouse       | 2/16/1970     |

 To the right of the table is a text prompt: 'No current billing coverage exists for Sally Roberts. Select the plan you wish to add and click the 'Add Coverage' button.' Below this prompt is a dropdown menu showing '2022 Medical Plan' and an 'Add Coverage' button with a help icon. At the bottom left of the window is a '+ Add a new dependent' link. At the bottom center is a 'Next Step' button with a right-pointing arrow.

Be sure to add each plan that each dependent is covered under.

When you're done entering dependents and their plans, click Next Step to move on to adding the billing period information for the participant and dependents.

## Step 4. Billing Period Information

You use the Billing Period Information section to let us know when to begin and end billing the participant for coverage.

The billing period begin date will default to the coverage begin date you entered earlier in this process. If the billing period begin date should be different, update the date in this field to reflect the correct date.

Step 4: Billing period information ?

Use this section to enter billing periods for this participant.

No billing periods have been added. Use the drop-down to add billing periods.

Billing Period \*      Billing Period Begin \*      Billing Period End      Limit to Coverage ?      Add Billing Period ?

Active      8/1/2022      mm/dd/yyyy      (Optional) -Select Coverage-      Add Billing Period ?

Click 'Complete' below when you are finished.

If we should cease billing this participant and their dependents by a particular date, enter the date in the Billing Period End field. If the billing period should remain open ended, leave this field empty.

When done entering the billing period information, click Add Billing Period. You will now see the billing period attached to the participant.

Step 4: Billing period information ?

Use this section to enter billing periods for this participant.

| Billing Period | Billing Period Begin | Billing Period End         | Limit to Coverage |        |
|----------------|----------------------|----------------------------|-------------------|--------|
| Active         | 8/1/2022             | No Billing Period End Date |                   | Remove |

Billing Period \*      Billing Period Begin \*      Billing Period End      Limit to Coverage ?      Add Billing Period ?

Active      8/1/2022      mm/dd/yyyy      (Optional) -Select Coverage-      Add Billing Period ?

Click 'Complete' below when you are finished.

Complete      Start Over

Click Complete to finish the process. You will receive an onscreen confirmation message and be prompted to your next action. If you need to add another billing participant, click Yes, process another. If you're done adding billing participants, click No, I'm done. If you need to cancel the process and start over, click Cancel.

**Complete** [X]

You have successfully added billing coverage for this participant. Do you want to process another one?

Yes, process another      No, I'm done      Cancel



## Recent Activity

The Recent Activity section gives you access to recent account activity.

By default, the From Date is set to ten days in the past, but you can search a different timeframe by updating the date displayed in this field. Activity occurring in your chosen timeframe will appear in the table below.

**Recent Activity**

From Date: 3/20/2022 To Date: Last Name: Search Activity Clear Search

2 record(s)

| User ID | Name          | Gender | Employee ID | Hire Date | New Hire Notice Sent | Last QE                | QE Date  | QE Processed On | Void QE | Portal |
|---------|---------------|--------|-------------|-----------|----------------------|------------------------|----------|-----------------|---------|--------|
| 7179211 | Sample, Sally | Female |             | 3/1/2022  | Pending              | Employment Termination | 3/4/2022 | 3/30/2022       | Void    | View   |
| 7182212 | Sample, Saty  | Male   |             |           |                      |                        |          |                 |         | View   |

You can click on an individual's name in the table to view and edit the individual's information:

Sample, Sally (ID: 7179211)

Fields marked with an asterisk (\*) are required

Employer: Test Client Active

First Name \*: Sally Middle Name: Last Name \*: Sample

Date of Birth \*: 7/11/1972 SSN \*: 111-22-2111 Employee ID:

Division: -Select-

Country \*: USA

Address 1 \*: P.O. Box 56016

Address 2: apartment #, suite, floor, department

City \*: Boston State \*: Massachusetts ZIP Code: 02205

Email Address: Gender: Female

Home Phone: Mobile Phone: Office Phone:

COBRA New Enrollment Date: mm/dd/yyyy

Update

You also have access to this individual's dependent information, qualifying event details, and plan information:

**Dependents**

**Qualifying Event Details**

**Elected / Enrolled Plans**



## Dependents

Click on Dependents to view a list of all dependents associated with the primary account holder. Click Select next to a participant's name to view their information.

You can add new dependents by clicking +Insert New.

**Dependents**

[+ Insert New](#)   [Show Inactive](#)

|        | ID      | First Name | Last Name | DOB      | Type   | Active?                             | Promoted Dep?            |
|--------|---------|------------|-----------|----------|--------|-------------------------------------|--------------------------|
| Select | 2913620 | John       | Sample    | 5/1/1971 | Spouse | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

First Name \*       Middle Name

Last Name \*

Date of Birth       SSN       Member Number

Relationship \*       Gender \*       Active?

Address 1       Address 2       City       State

ZIP       Country       Requires Separate Communications



### Qualifying Event Details

Click on Qualifying Events Details to see information about the qualifying event associated with the primary account holder:

**Qualifying Event Details**

[+ New Qualifying Event](#)

|                        | Event                  | Event Date | Status   | Created Date | Election Notice | Void QE |
|------------------------|------------------------|------------|----------|--------------|-----------------|---------|
| <a href="#">Select</a> | Employment Termination | 3/4/2022   | Approved | 3/30/2022    | Pending         | Void    |

**Event Details**

| Eligible Plan  | Eligible Dependents   |             |        |
|--|---|-------------|--------|
| 2022 Medical Plan<br>Enrollment Dates: 4/1/2022 - 5/31/2022<br>COBRA Dates: 4/1/2022 - 9/30/2023 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">John Sample</td> <td style="width: 50%;">Spouse</td> </tr> </table> | John Sample | Spouse |
| John Sample  | Spouse  |             |        |
| 2022 Dental Plan<br>Enrollment Dates: 4/1/2022 - 5/31/2022<br>COBRA Dates: 4/1/2022 - 9/30/2023  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">John Sample</td> <td style="width: 50%;">Spouse</td> </tr> </table> | John Sample | Spouse |
| John Sample  | Spouse  |             |        |

### Elected/Enrolled Plans

Choose Elected/Enrolled Plans to view the plans the individual elected to continue under COBRA (this information is only available after an individual elects COBRA).

**Elected / Enrolled Plans**

|  |   |
|--|---|
| Time Frame<br><input type="text" value="2022 Time Frame"/> | Plan Name<br><input type="text" value="2022 Medical Plan"/> |
|--|---|

No records to display. Plan information will only be displayed if elected.



## Participant Search

The Participant Search feature is a convenient way to find information about your COBRA participants.

To locate a COBRA participant, choose COBRA Continuant from the Enrollment Type drop-down list and enter the appropriate date in the As Of Date field then click Search Participants. The results appear in a table below the search fields:

Participant Search

Enrollment Type: COBRA Continuant | As Of Date: 3/30/2022 | Search By: Last Name | Search Value: Sample

Search Participants | Clear Search

1 record(s) | Note: Clicking any link below will open the full administrative portal.

| User ID | Name          | DOB       | Home Address                           | Employee ID | Coverage Begin | Coverage End | Coverage Type | Active                              | Term COBRA | Portal               |
|---------|---------------|-----------|--|-------------|----------------|--------------|---------------|-------------------------------------|------------|----------------------|
| 7183330 | Sample, Sally | 7/17/1985 | 105 Decker Court #310 Irving, TX 75062 |             | 1/1/2022       | 12/31/2022   | COBRA         | <input checked="" type="checkbox"/> | Term       | <a href="#">View</a> |

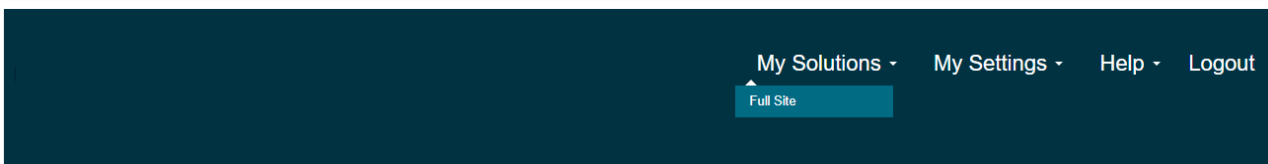
The results table includes a Portal column with a link for each participant. Clicking this link takes you to the individual's account in the participant portal. When accessing the participant portal via this link, you see exactly what the participant sees when they access their portal account. This can be very helpful when you receive questions from your participants.

You can find more information about the participant portal in the [Participant Portal section](#) of this document.

## Full Site

While you can do nearly everything related to COBRA and Billing Services related from the “essentials” portal, we also offer a “full site” of more in-depth tools and features, as outlined below.

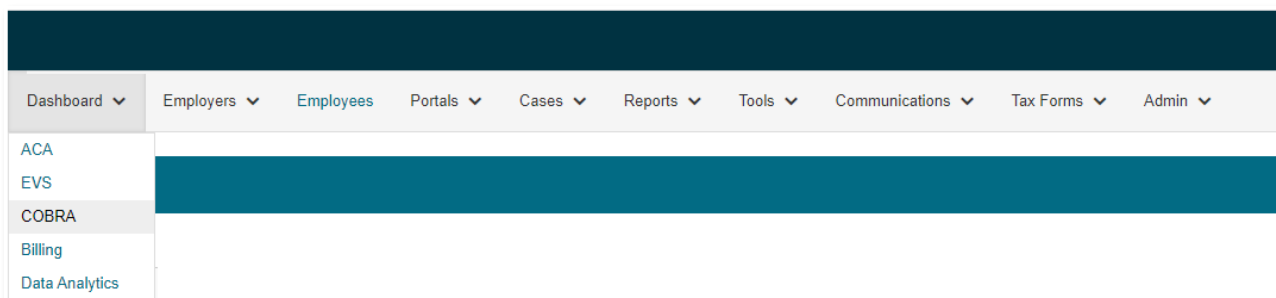
To access the full site, click on My Solutions in the top navigation menu and then choose Full Site from the drop-down list.



## Dashboard

The first page you see when accessing the full site is the Dashboard. The charts on the Dashboard allow you to monitor the status of your programs visually.

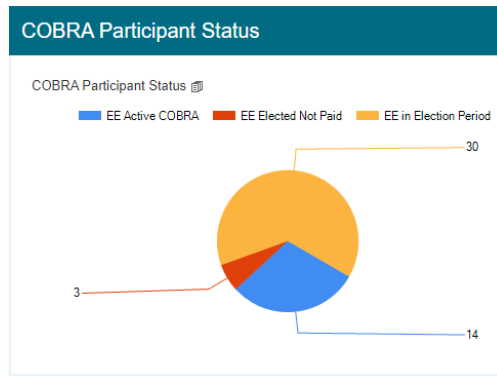
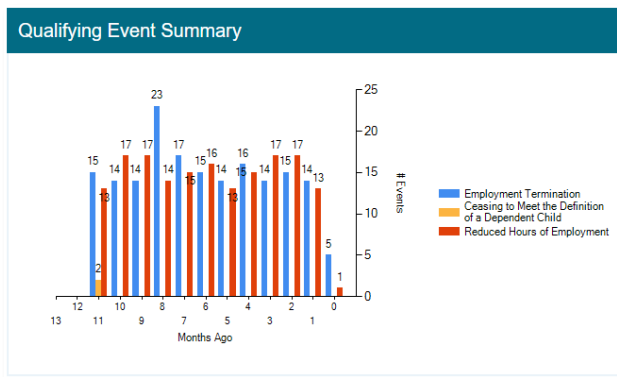
*Tip:* If you access the UnifyHR platform for more than one service, or if you’re not seeing COBRA or Billing information, click Dashboard in the menu and choose COBRA or Billing from the drop-down list.



The charts on the COBRA Dashboard include:

- **Qualifying Event Summary:** This bar chart reflects the number of qualifying events by reason, by month.
- **COBRA Participant Status:** This pie chart reflects the number of active COBRA participants, the number of individuals in their election period, and the number of individuals who have elected coverage but have not yet paid.
- **Premium Remitted:** This bar chart reports the total amount of premiums remitted by month.
- **New Hires:** This bar chart reports the number of new hires each month (as submitted via the UnifyHR platform).

## Chart Examples



## Employees

Click on Employees in the main menu to view information about your employees. Use the Navigate To drop-down list to quickly jump to key information, including:

- Search
- Demographics
- Benefits
- Cases
- Communications
- Docs
- Payments

Dashboard ▾ Employers ▾ **Employees** Portals ▾ Cases ▾ Reports ▾ Tools ▾ Communications ▾ Tax Forms ▾ Admin ▾

**Employee Search**

Navigate To... ▾

- Navigate To...
- Search
- Demographics
- Benefits
- ACA
- Cases
- Communications
- Tax Forms
- Offer of Coverage
- Paid Sick
- Docs
- Payments



## Search

It's easy to find employees using our employee search feature. You can search by name, account number, record status, enrollment type, or email address.

**🔍 Employee Search**

|  |                                     |  |                                   |
|--|-------------------------------------|--|-----------------------------------|
| Account Number<br><input type="text"/> | First Name<br><input type="text"/>  | Last Name<br><input type="text"/>          |                                   |
| Employer<br>-Select All- ▼             | Employee ID<br><input type="text"/> | Record Status<br>Active Only ▼             | Enrollment Type<br>-Select All- ▼ |
| Email Address<br><input type="text"/>  | Segment<br>-Select All- ▼           | <input type="checkbox"/> Search Dependents |                                   |

[View UnifyHR ADA Compliant Page](#)

To view more information about an employee, click on the Select link in the Search Results section. The row will highlight in blue to let you know the record is selected.

| ☰ Search Results |               |                           |           |     |           |             | 18 record(s) |
|------------------|---------------|---------------------------|-----------|-----|-----------|-------------|--------------|
|                  | Name          | Address                   | Account # | EIN | SSN       | Client      |              |
| Select           | Enrollee, New | 555 Street City, TX 55555 | 6049218   |     | *****2323 | Test Client | Dependents   |
| Select           | Enrollee, New | 555 Street City, TX 44444 | 6049219   |     | *****4444 | Test Client | Dependents   |

## Demographics

With an employee record selected, choose Demographics from the Navigate To drop-down list to view:

- Employee information
- Dependents
- Employment history
- Eligibility
- Union
- Employee disability



## Employee Information

The Employee Information section includes basic demographic information like name, address, email address, and other reporting fields.

## Participant Portal Summary Page

A series of function buttons appear at the bottom of the Employee Information section. Clicking on the View Employee Portal button opens a new window that lets you view the participant's record within our participant portal.

The participant's home page provides a complete summary of the participant's account and activity, including:

- Participant demographics
- Dependent information
- Documents submitted
- Mailings and forms
- Coverage information
- Invoices
- Payments

Viewing the participant's record in the participant portal is the quickest and easiest way to access a participant's information. Learn more in the [Participant Portal](#) section.



## Dependents

The Dependents section lists the employee's dependents, along with their name, date of birth, dependent type, and other reporting fields.

## Employment History

The Employment History section highlights the employee's hire date, as well as the termination date and reason (when applicable).

## Union

The Union section outlines union information for the selected employee (if applicable).



## Employee Disability

The Employee Disability section notes if an employee or dependent was disabled during a period of COBRA coverage.

Employee Disability
+Add Record Show Void

|        | ID | Begin Date | End Date | Active?                             |   |
|--------|----|------------|----------|-------------------------------------|---|
| Select | 71 |            |          | <input checked="" type="checkbox"/> | X |

Active?

Begin Date

End Date

Dependent

## Benefits

Select Benefits from the Navigate To drop-down to view benefits information for the selected employee.

Dashboard
Employers
Employees
Portals
Cases
Reports
Tools
Communications
Tax Forms
Admin

Demographics

Navigate To...

- Navigate To...
- Search
- Demographics
- Benefits
- ACA
- Cases
- Communications
- Tax Forms
- Offer of Coverage
- Paid Sick
- Docs
- Payments

The Benefits page has two sub-pages that appear as links under the main section. The Enrollment sub-page contains coverage information. The Eligibility sub-page contains enrollment events and eligibility information.



## Enrollment Sub-Page: Subscriber and Dependent Coverage

The Subscriber Coverage and Dependent Coverage sections list individuals with coverage (if applicable). You can also find coverage begin and end dates, along with the reason why coverage ended (when applicable). You can also view takeover information here (a “takeover” is an individual who was already on COBRA when we began providing services – in other words, we “took over” administration for these individuals).

Subscriber Coverage
Auto Create Profile Show Linked Coverage Add Coverage Update Selected Show Void

| Select                   | ID       | Time Frame      | PlanID | Plan Name         | Eff Begin | Eff End | Coverage Term | Eff Type | Status | Payments | COBRA Eng |            |
|--------------------------|----------|-----------------|--------|-------------------|-----------|---------|---------------|----------|--------|----------|-----------|------------|
| <input type="checkbox"/> | 15483473 | 2022 Time Frame | 15970  | 2022 Medical Plan |           |         |               | Active   | Active | View     | Info      | View Log X |

Plan Type: Health and Welfare

Plan Bundle: N/A

Plan Name: 2022 Medical Plan

Effective Begin Date:

Coverage Confirm Date:

Monthly Contribution Amount: \$

Coverage End Reason:

External ID:

Eligibility ID:

Coverage Tier:

COBRA Takeover

COBRA Begin Date:

COBRA OE:

Original Election Date:

Passively Enrolled:

Plan Sub Type: Medical

Coverage Status: Active

Effective End Date:

Coverage Term Date:

Monthly Contribution Percent: %

Enrollment Type: Active

Paid Through Date:

Disenrollment Event:

COBRA Disability:

COBRA End Date:

COBRA OE Date:

COBRA Election Notice Mailed Date (Prior TPA):

Dependent Coverage
Add Coverage Update Selected Show Void

| Select                   | ID       | First Name | Last Name | DOB | PlanID | Plan Name        | Eff Begin | Eff End | Coverage Term | Eff Type | Status | Linked Coverage |            |
|--------------------------|----------|------------|-----------|-----|--------|------------------|-----------|---------|---------------|----------|--------|-----------------|------------|
| <input type="checkbox"/> | 11341034 | New User   | Employee  |     | 15971  | 2022 Dental Plan |           |         |               | Active   | Active | View            | View Log X |

Plan Type: Health and Welfare

Plan Bundle: N/A

Dep ID: 2901682

Plan Name: 2022 Dental Plan

Effective Begin Date:

Coverage Confirm Date:

Coverage End Reason:

External ID:

Eligibility ID:

Plan Sub Type: Dental

Coverage Status: Active

Effective End Date:

Coverage Term Date:

Enrollment Type: Active

Disenrollment Event:



### Eligibility Sub-Page: Enrollment Events

The Enrollment Events section lists any enrollment events experienced by the employee or their family members. Enrollment Events may include:

- Termination of employment
- Reduced hours of employment
- Death of employee
- Divorce or legal separation
- Ceasing to meet the definition of a dependent child

☰ Enrollment Events
Refresh Promote Dependents Recalculate Enrollment Events +Add Event

| ID     | Event ID | Event Name | Event Date | Timeframe | ACA Status | Stability Outcome | COBRA Status | Plans Or Deps Associated? | Plans & Deps | Deps Only |   |
|--------|----------|------------|------------|-----------|------------|-------------------|--------------|---------------------------|--------------|-----------|---|
| Select | 38022078 | 1          |            |           |            |                   |              | <input type="checkbox"/>  | View         | View      | X |

Event Name:

Time Frame:

Original COBRA Begin:

Active:  Promoted:

Eligibility Last Calculated: None

Event Date:

Type:

Original COBRA End:

COBRA Election Notice Mailed Date (Prior TPA):

### Eligibility Sub-Page: Eligibility

The Enrollment Events listed above trigger corresponding eligibility events. You can view these items in the Eligibility Section. Eligibility start and end dates, along with enrollment and COBRA-related dates, automatically populate based on the employer’s plan and business rules.

☰ Eligibility
Recalculate Eligibility View Log +Add Eligibility Show Void

| ID     | Ruleset  | Type | Plan | Elig Begin | Elig End | Wait Begin | Wait End | Enroll Begin | Enroll End | COBRA Begin | COBRA End |        |   |
|--------|----------|------|------|------------|----------|------------|----------|--------------|------------|-------------|-----------|--------|---|
| Select | 51600230 |      |      |            |          |            |          |              |            |             |           | Enroll | X |

Active:

Plan Name:

Eligibility Begin:

Waiting Period Begin:

Mthly FSA Cont Amt:

COBRA Disability:

Enrollment Type:

Eligibility End:

Waiting Period End:

External ID:

Passive Enroll Date:

Waived:

Enrollment Begin:

COBRA Begin:

COBRA Original Enrollment Event:

Enrollment End:

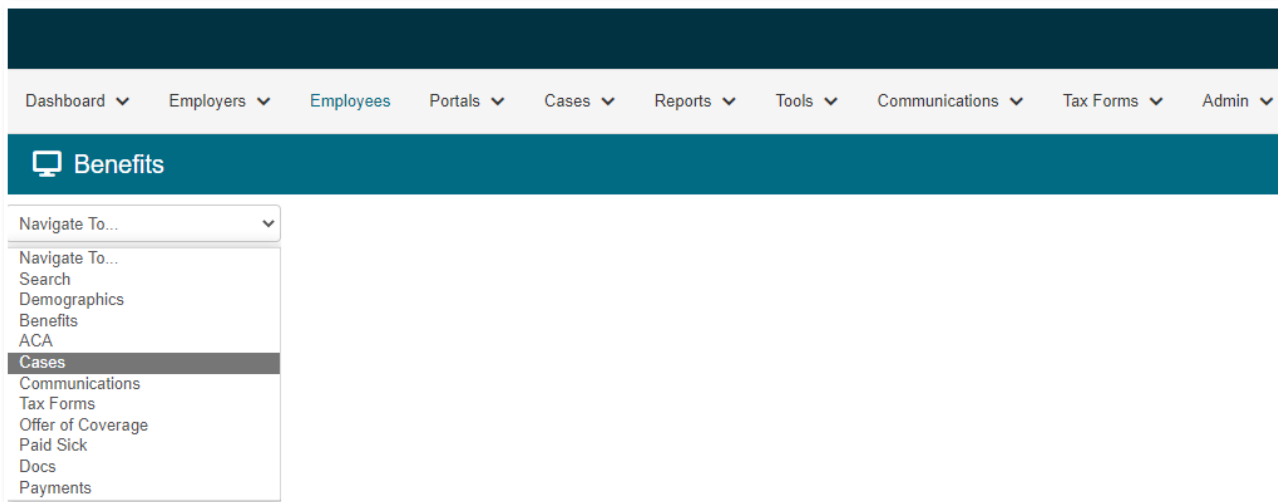
COBRA End:



## Cases

The UnifyHR platform includes a case management feature for tracking activity. Cases can be manually entered or automatically created by the system when certain things happen.

You can view cases by selecting Cases from the Navigate To drop-down list.



The Cases section lists all cases. Click the Select link to view the details of a case.

| Cases                    |        |          |          |          |        |        |          |             |        |                |                |                  | 1 record(s) |  | + Select All | - Deselect All | + Add Case | + Add Case with Template |   |
|--------------------------|--------|----------|----------|----------|--------|--------|----------|-------------|--------|----------------|----------------|------------------|-------------|--|--------------|----------------|------------|--------------------------|---|
| Select                   | ID     | Created  | Template | Assigned | Status | UHR ID | Employee | Measurement | Client | System Process | Checked Out By | Checked Out Date |             |  |              |                |            |                          |   |
| <input type="checkbox"/> | Select | 12281595 |          |          |        |        |          |             |        |                |                |                  |             |  |              |                |            |                          | X |

The Case Details section indicates if a case is open or closed, whom the case is assigned to, the source of the case, and related dates.

Case Details + Add Case Detail Save

| ID     | Created  | Name | Follow Up | Follow Completed |   |
|--------|----------|------|-----------|------------------|---|
| Select | 12352837 |      |           |                  | X |

Case Detail Name

Case Text

Source

Reason

Result

Callback #

Email

Service

Status

Assigned User

Assigned Group

Follow Up

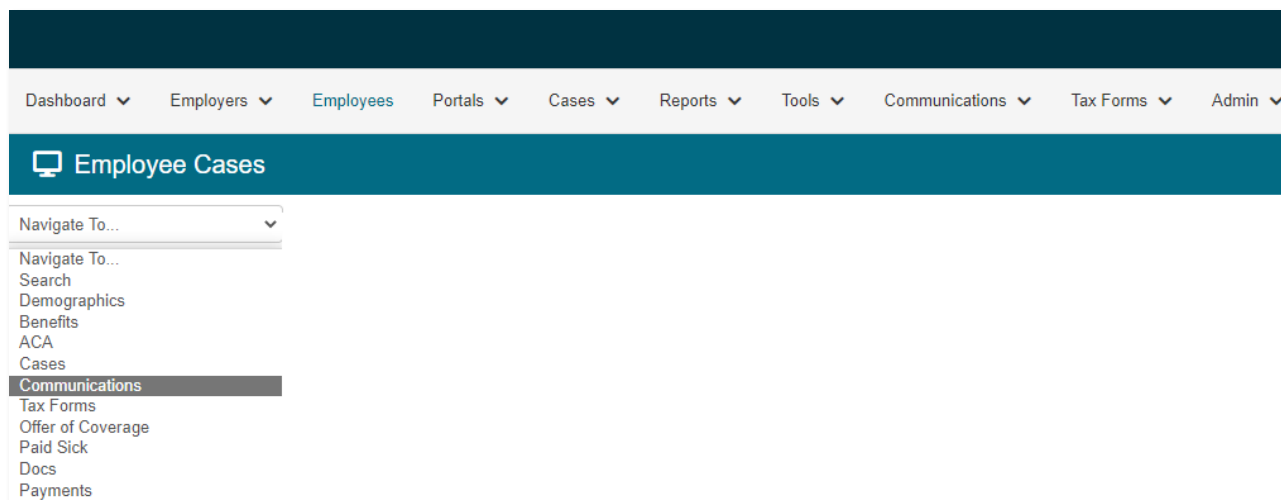
Follow Up Date

Complete?

Complete Date

## Communications

You can view all documents sent to employees by choosing Communications from the Navigate To drop-down list. Documents may be sent by mail, email, or added to the portal as an alert (note that COBRA notices are not sent by email or text).



The Mailings section list all documents sent by mail. You can view communications sent by other methods in the respective Emails and Portal Alerts sections.

| Mailings                 |          |         |                             |           |           |                          |             |          |                          |       |          | 2 record(s) |  | Queue Mailing | Show Void |
|--------------------------|----------|---------|-----------------------------|-----------|-----------|--------------------------|-------------|----------|--------------------------|-------|----------|-------------|--|---------------|-----------|
| Select                   | ID       | Mailing | Mailing Name                | Queued    | Queued By | Mail Hold?               | Distributed | Returned | Invoiced?                | Batch | Vendor   | Status      |  |               |           |
| <input type="checkbox"/> | 26290406 | View    | COBRA Election Notice V2    | 3/11/2022 |           | <input type="checkbox"/> | 3/11/2022   |          | <input type="checkbox"/> |       | Internal | Mailed      |  |               |           |
| <input type="checkbox"/> | 26290405 | View    | COBRA General Rights Notice | 3/11/2022 |           | <input type="checkbox"/> | 3/11/2022   |          | <input type="checkbox"/> |       | Internal | Mailed      |  |               |           |

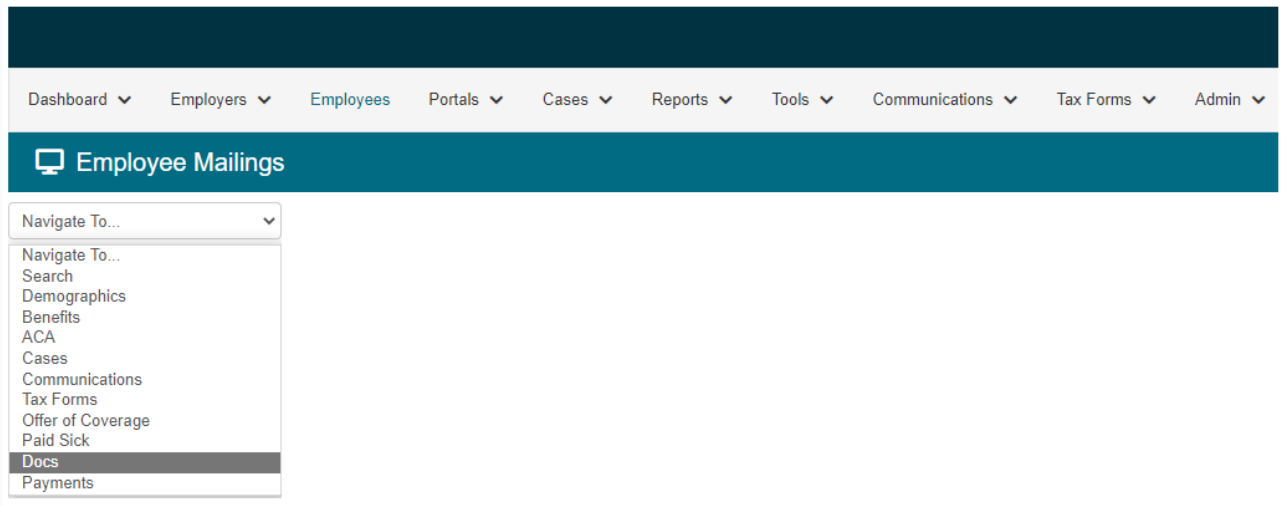
Communications include:

- COBRA General Rights Notice
- COBRA Election Notice
- COBRA Payment Reminder Notice
- COBRA Notice of Insufficient Premium Payments
- COBRA Open Enrollment
- COBRA Rate Change Notice
- COBRA Early Termination Notice
- COBRA Expiration Notice
- COBRA Notice of Unavailability
- Payment Refund Notice

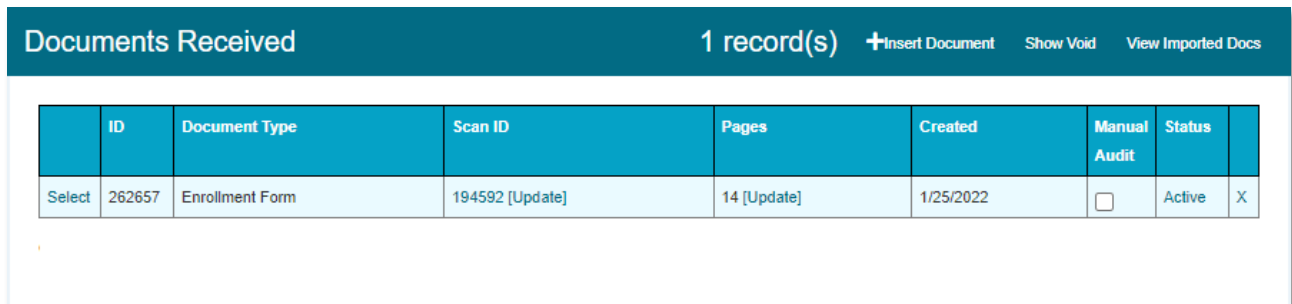


## Docs

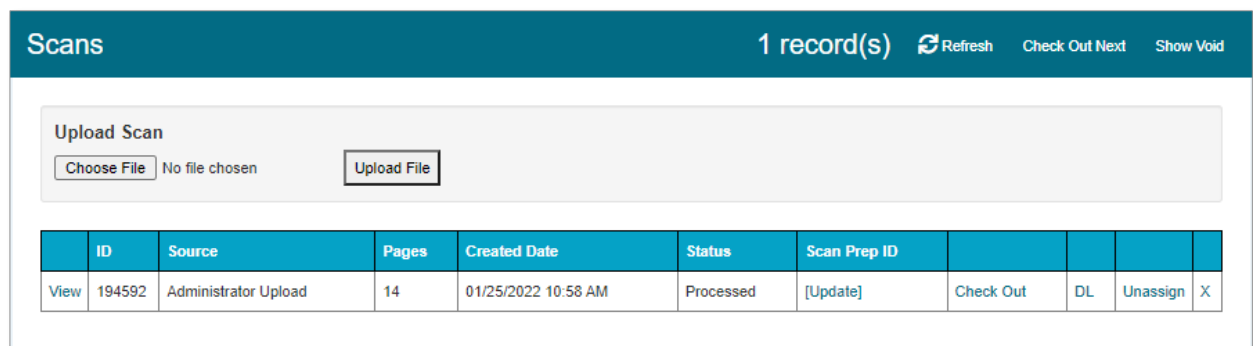
Select Docs from the Navigate To drop-down list to view documents submitted by the employee.



The Documents Received section lists all documents received from the employee. Documents may include checks, election notices, and open enrollment forms.



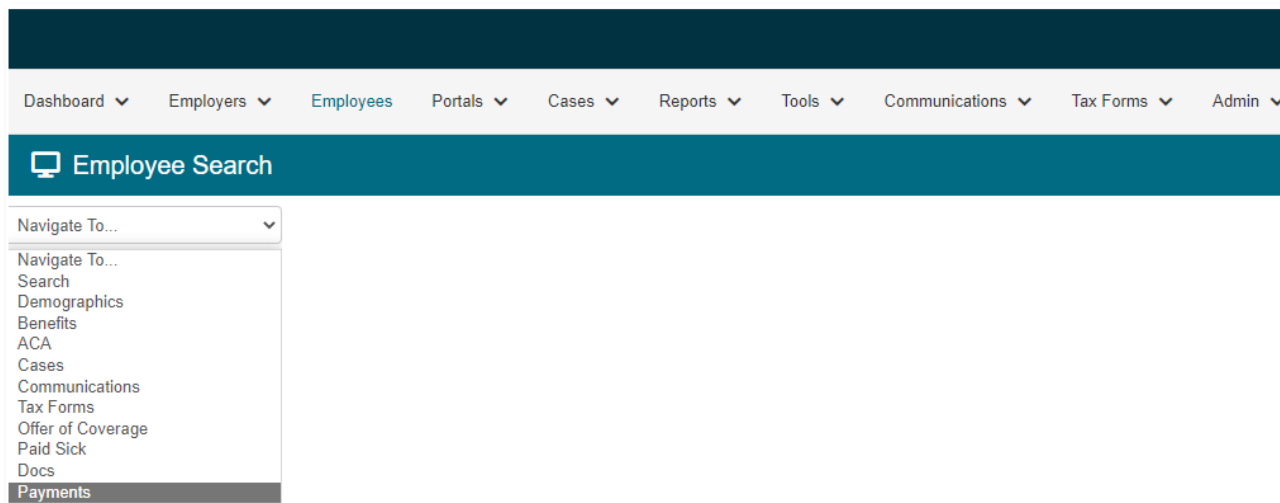
To view the scanned image of a document, select the document in the Documents Received section, and then click the View link in the Scans section.





## Payments

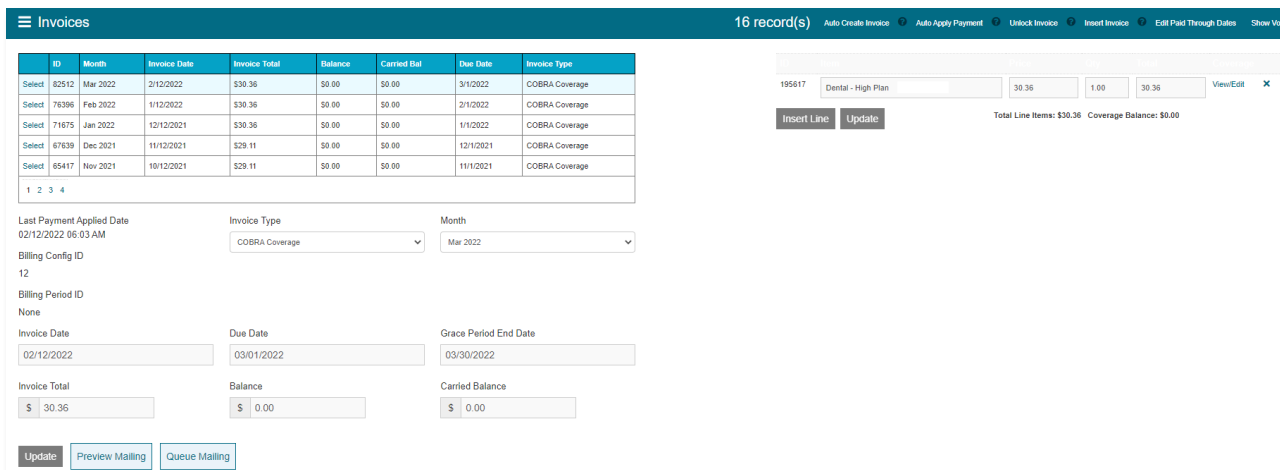
Choose Payments from the Navigate To drop-down list to view invoice and payment information.



The Invoices section lists all invoices issued for the employee. You can also view the plan information and amount, as well as the due date and grace period end date.

If any portion of a payment is applied to an invoice, that amount is deducted from the amount owed.

Select an invoice to view a breakdown of the plans and rates billed for on that invoice.





The Payments section lists all payments received, as well as the payment date and method.

☰ Payments
2 record(s) [Apply Payment](#) [Add Record](#) [Show Void](#)

Source:  Method:  From Date:  To Date:  [Apply](#) [Clear](#)

|        | ID    | Pmt Date  | Paid Amt   | Amt Remaining | Method | Source   | Rejected?                | Amt Remitted |          |   |
|--------|-------|-----------|------------|---------------|--------|----------|--------------------------|--------------|----------|---|
| Select | 69997 | 3/7/2022  | \$782.96   | \$0.00        | ACH    | Employee | <input type="checkbox"/> | \$0.00       | Transfer | X |
| Select | 66803 | 1/26/2022 | \$1,484.26 | \$0.00        | ACH    | Employee | <input type="checkbox"/> | \$1,484.26   | Transfer | X |

Applied Subsidy None

Paid Amount:

Payment Source:

Amount Remaining:

Document:

Payment Date:

Description:

Payment Method:

**Payment Restrictions**  
Payment will only be applied to the following:

Invoice Month:  Plan:

Void/Reject Reason:  CHC Transaction ID:

Bank Reject:

[Update](#)

Payments applied to an invoice appear in the Payments Applied section. The ID in the Payments section appears in the Payment ID column in the Payments Applied section. A single payment may apply to multiple invoices, which means the same Payment ID may appear multiple times.

☰ Payments Applied
12 record(s) [Show Void](#)

Payment ID:  Invoice ID:  [Apply](#) [Clear](#)

|        | ID     | Created   | Amt Applied | Invoice ID | Payment ID | Coverage |   |
|--------|--------|-----------|-------------|------------|------------|----------|---|
| Select | 131737 | 3/8/2022  | \$19.24     | 82539      | 69997      | View     | X |
| Select | 131736 | 3/8/2022  | \$42.39     | 82539      | 69997      | View     | X |
| Select | 131735 | 3/8/2022  | \$694.11    | 82539      | 69997      | View     | X |
| Select | 131733 | 3/8/2022  | \$4.24      | 79880      | 69997      | View     | X |
| Select | 131734 | 3/8/2022  | \$1.92      | 79880      | 69997      | View     | X |
| Select | 131732 | 3/8/2022  | \$21.06     | 79880      | 69997      | View     | X |
| Select | 124692 | 1/29/2022 | \$17.32     | 79880      | 66803      | View     | X |
| Select | 124691 | 1/29/2022 | \$38.15     | 79880      | 66803      | View     | X |
| Select | 124690 | 1/29/2022 | \$673.05    | 79880      | 66803      | View     | X |
| Select | 124689 | 1/29/2022 | \$19.24     | 79879      | 66803      | View     | X |
| Select | 124687 | 1/29/2022 | \$694.11    | 79879      | 66803      | View     | X |

Amount Applied:

Invoice ID:

Payment ID:

[Update](#)

Any refunds, subsidy amounts, or ACH payments appear in their own sections. Billing periods will also be included, if applicable.

## Participant Portal

You can also learn about the participant portal by watching our [Participant Portal Overview video](#).

You can view participant information in the same way participants do by accessing our Participant Portal.

To view a participant's information on the Participant Portal, first perform a Participant Search to locate the participant's record, then click View in the Portal column.

Participant Search

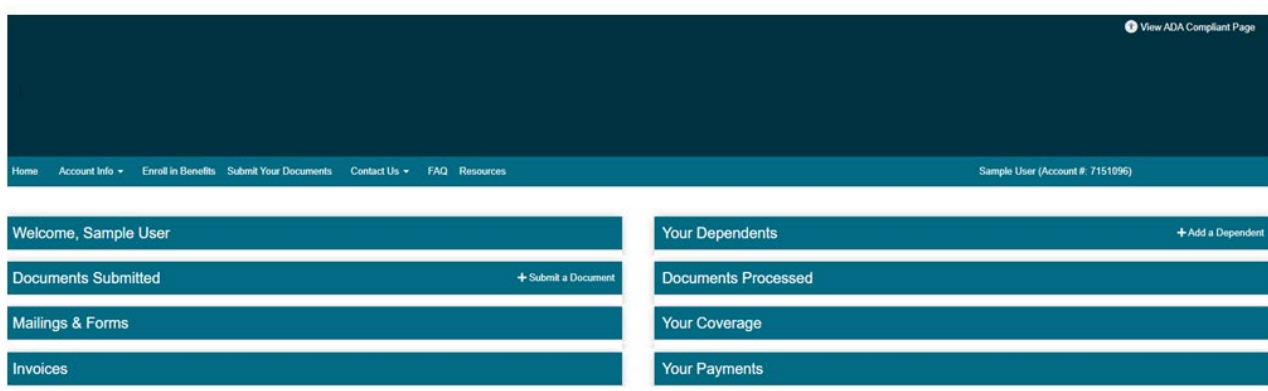
Enrollment Type: COBRA Continuant | As Of Date: 7/18/2022 | Search By: Last Name | Search Value: COBRA | Search Participants | Clear Search

4 record(s)

| User ID | Name          | DOB       | Home Address                             | Employee ID | Coverage Begin | Coverage End | Coverage Type | Term COBRA | Portal |
|---------|---------------|-----------|--|-------------|----------------|--------------|---------------|------------|--------|
| 3290331 | COBRA, COREY  | 3/13/1977 | 105 Decker Ct Suite 310 Irving, TX 75062 |             | 10/1/2021      | 12/31/2022   | COBRA         | Term       | View   |
| 3290331 | COBRA, COREY  | 3/13/1977 | 105 Decker Ct Suite 310 Irving, TX 75062 |             | 5/1/2022       | 12/31/2022   | COBRA         | Term       | View   |
| 7226104 | COBRA, Tammy  | 2/1/1987  | 81 Wexford Way Columbia, SC 29201        | 8032963157  | 1/1/2022       | 12/31/2022   | COBRA         | Term       | View   |
| 7232490 | COBRA2, Timmy | 2/3/1990  | 4302 Ashcraft Court San Diego, CA 92121  | 6194385888  | 1/1/2022       | 12/31/2022   | COBRA         | Term       | View   |

The participant's home page provides a complete summary of the participant's account and activity, including:

- Participant demographics
- Dependent information
- Documents submitted
- Mailings and forms
- Coverage information
- Invoices
- Payments



The screenshot above is from a test account, so no username is present, and the sections are all collapsed.



## Welcome

The Welcome section presents the participant's account number and contact details. Participants can also sign up for paperless communications by checking the box in this section (some notices must be sent by mail even when a participant selects paperless communications).

**Welcome, Arthur Collins**

|   |                        |
|---|------------------------|
| Account #: 3184816  | SSN #: XXX-XX-8794     |
| <b>Your personal information [Edit]</b>   |                        |
| ADDRESS:<br>150 Main Street<br>Dallas, TX 75201                                     | PHONE:<br>Not on file. |
| EMAIL:  |                        |
| <input type="checkbox"/> <a href="#">Click to Enroll in Paperless Communication</a> |                        |

## Your Dependents

The Your Dependents section lists any dependents tied to the participant. The dependent type and date of birth are also listed.

**Your Dependents** + Add a Dependent

If you would like to elect COBRA coverage for one or more of your dependents but not yourself, please complete the election form you received in the mail. Once complete, scan the form or take a high-resolution picture(s) of the entire form and then submit the form to us using our online case system accessible from your online account.

| First Name | Last Name | Type   | DOB       |
|------------|-----------|--------|-----------|
| Susan      | Collins   | Spouse | 5/14/1975 |
| Tom        | Collins   | Child  | 6/15/2006 |

## Documents Submitted

All documents submitted by the participant are viewable in the Documents Submitted section.



### Documents Submitted

[+ Submit a Document](#)

Documents you submit via mail, fax, or upload will appear under this section. Once they have been processed, they will appear in the 'Documents Processed' section. Note that processing can take up to 3 business days.

| Submission Method    | File Name                    | Pages | Created Date        | Status    |
|----------------------|------------------------------|-------|---------------------|-----------|
| Postal Service       | MX-M654N_20211105_074247.pdf | 1     | 11/05/2021 09:06 AM | Processed |
| Administrator Upload | 006E9656                     | 3     | 10/21/2021 12:44 PM | Processed |

## Documents Processed Section

Once a document has been processed it will appear in the Documents Processed section.

### Documents Processed

| Document Type   | Received Date |
|-----------------|---------------|
| Payment Check   | 11/5/2021     |
| Enrollment Form | 10/21/2021    |

## Mailings & Forms

The Mailing & Forms section lists all documents sent to a participant. The section includes the document name, type, and distribution date.

Click the View link next to the document name to view the document.

### Mailings & Forms

| View                 | Document                      | Type   | Distributed Date |
|----------------------|-------------------------------|--------|------------------|
| <a href="#">View</a> | COBRA Premium Reminder Letter | Letter | 12/17/2021       |
| <a href="#">View</a> | COBRA Election Notice_V2      | Letter | 11/15/2021       |
| <a href="#">View</a> | COBRA Initial Rights Notice   | Letter | 3/1/2020         |

## Coverage

A participant's current plan year coverage is viewable in the Your Coverage section. Click the + sign to view the individuals covered and the coverage dates.

**Your Coverage**

Your coverage for the current plan year is listed below, expand the plan name to view covered individuals and coverage dates.

**COBRA Information**

| Plan Name          | COBRA Begin | COBRA End  |
|--------------------|-------------|------------|
| 2022 VSP Vision    | 03/04/2022  | 09/03/2023 |
| 2022 Cigna Medical | 03/04/2022  | 09/03/2023 |

+ 2022 Cigna Medical

+ 2022 VSP Vision

## Payments

The Your Payments section lists all payments made by a participant. We list the payment date, payment amount, and source so payments are easy to identify.

**Your Payments**

| Payment Date | Payment Amount | Method | Status    |
|--------------|----------------|--------|-----------|
| 2/2/2022     | \$50.00        | Check  | Completed |
| 1/3/2022     | \$50.00        | Check  | Completed |



## Invoices

The Invoices section lists all invoices issued to the participant. The coverage period, premium amount, previously paid amount, monthly payment amount, due date, grace period end date, and coverage type are also listed.

We call out the Total Due and Credit Balance amounts so it's easy to check current status.

A credit balance occurs when we receive payment, but that payment has not yet been applied to an invoice. Any credit balance amount will be applied to the next invoice we generate.

Click the View link next to the Coverage Period to view an invoice.

**Invoices**

**Total Due - COBRA: \$200.00**

---

**Make a Payment**

-Select Payment Method-

Pay Now

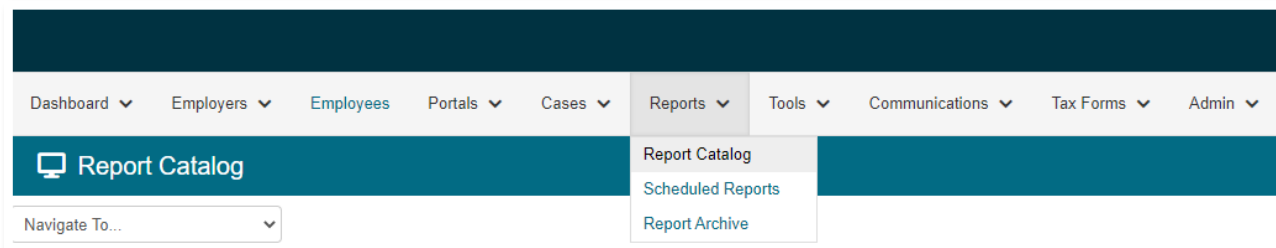
Credit Balance: \$0.00

| View                 | Coverage Period         | Premium  | Previously Paid | Amount Due | Due Date | Grace Period End Date | Type           |
|----------------------|-------------------------|----------|-----------------|------------|----------|-----------------------|----------------|
| <a href="#">View</a> | 04/01/2022 - 04/30/2022 | \$100.00 | \$0.00          | \$100.00   | 4/1/2022 | 4/30/2022             | COBRA Coverage |
| <a href="#">View</a> | 03/01/2022 - 03/31/2022 | \$100.00 | \$50.00         | \$50.00    | 3/1/2022 | 3/31/2022             | COBRA Coverage |
| <a href="#">View</a> | 02/01/2022 - 02/28/2022 | \$100.00 | \$50.00         | \$50.00    | 2/1/2022 | 2/28/2022             | COBRA Coverage |

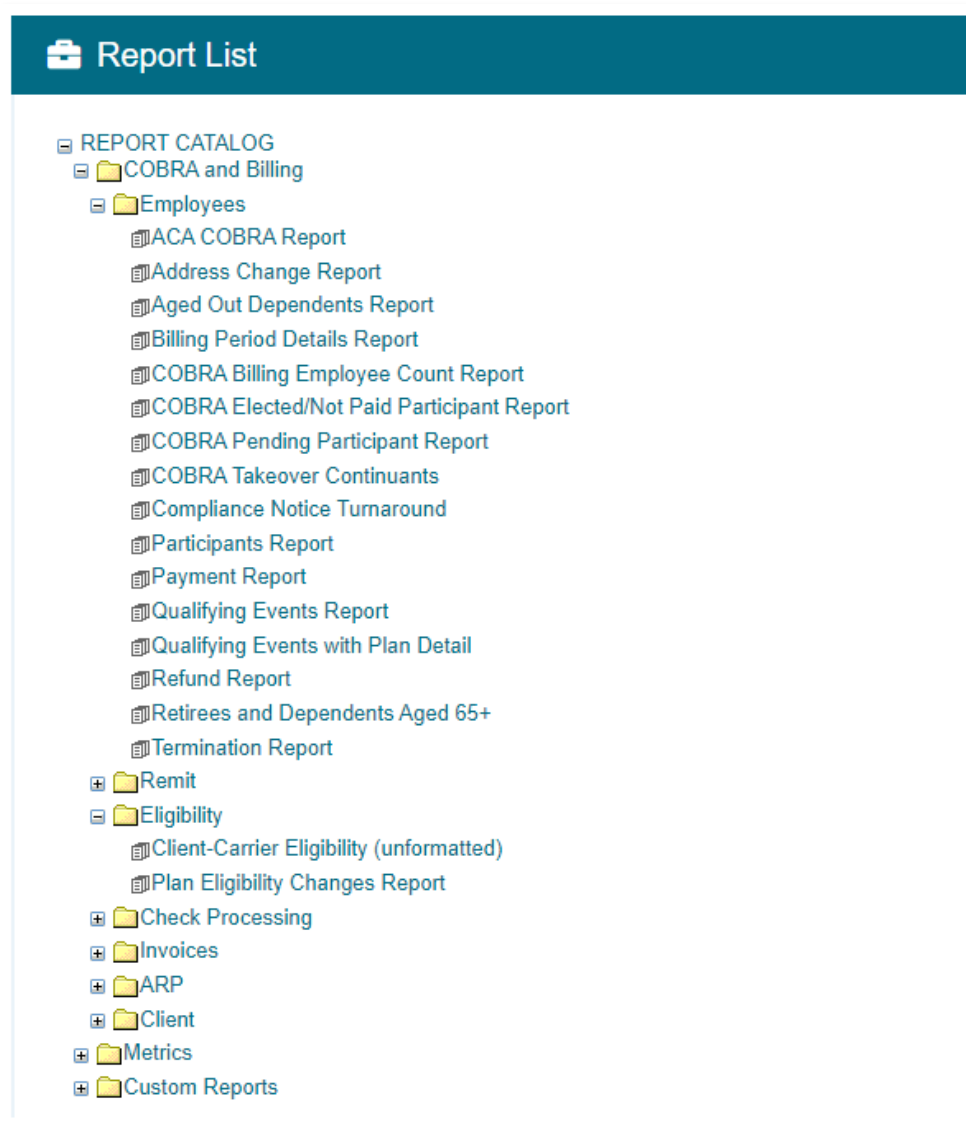


## Reports

We offer a suite of reports to help you manage your COBRA and Billing Services programs. To access the reports, click on Reports in the main menu, and then choose Report Catalog from the drop-down list.



In the Report List, open the COBRA and Billing folder. You will find the most popular reports in the Employees and Eligibility folders.





The most commonly used reports are:

- **COBRA Participants Report:** The continuants report lists all COBRA continuants along with their SSN, name, address, DOB, coverage dates, and paid through date. You choose the date range for the report and you can choose to report on COBRA or Billing participants, if applicable.
- **Qualifying Events Report:** The QE report lists all qualifying events and related information, including account number, name, status, date, type, and COBRA begin and end dates. You choose the date range for the report.
- **Termination Report:** The COBRA term report lists all employees terminated and includes their account number, name, plans, COBRA enrollment window dates, COBRA coverage dates, termination reason, and date. You choose the date range for the report.
- **COBRA Elected / Not Paid Participant Report:** This report includes all individuals that have elected COBRA but have not paid and are still within the grace period end date of the initial invoice.
- **COBRA Pending Participant Report:** This report includes individuals that were offered COBRA but have not elected an are still within the enrollment election window.
- **Aged Out Dependents:** The aged-out dependents report lists all dependents who have aged out of plan coverage and are now eligible for COBRA coverage. The report includes the employee's name and the dependent's name and age. This is a "snapshot" report (it contains a "snapshot" of this information at the time you run the report).
- **Plan Eligibility Changes Report:** The outbound eligibility report lists all participants with an eligibility change. The report includes the participant's name, SSN, plan ID, paid through date, and COBRA and coverage begin and end dates. You choose the date range for the report.

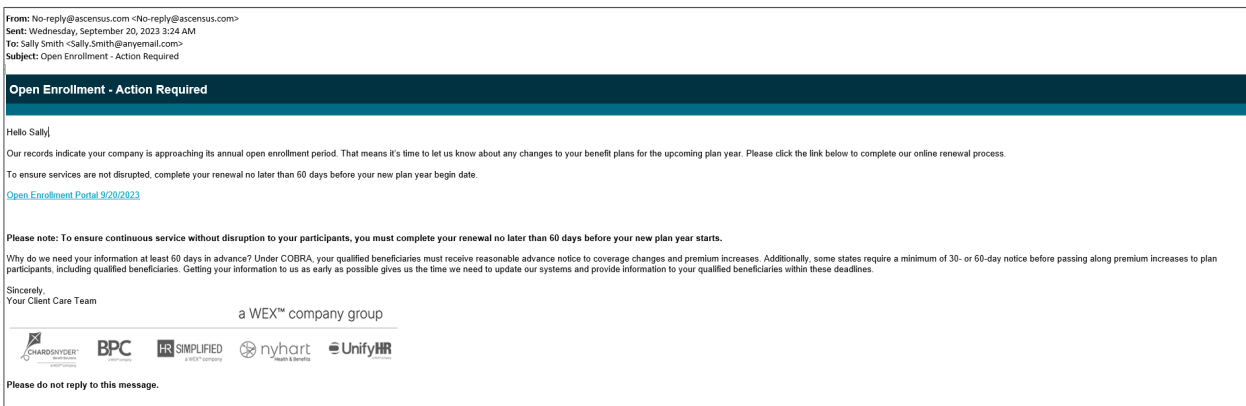
If you need help with any reports, please contact your client service team. They can also set up scheduled reports to make sure you receive the information you need when you need it.



## Open Enrollment Renewal Wizard

This section of the guide will help you navigate our online Open Enrollment Renewal Wizard, which makes it easy to notify us of upcoming plan changes.

In advance of each new plan year, we'll send an email notification to the person listed as the renewal contact on your account:



*Example of renewal email notification.*

We'll send this email 90-120 days before your new plan year starts. If you have your new plan and rate information, click the link in the email to access the wizard. If you're not ready yet, no worries – we'll send friendly reminders along the way.

Clicking the link will open the UnifyHR employer portal. Log in with your username and password, then go to the COBRA portal homepage. In the Action Available section, click the Action Required – Open Enrollment button to access the wizard.



## COBRA Portal Homepage

Typically, the first page you see when logging in is the COBRA “essentials” portal homepage:

To begin, review the instructions and click Continue. You will be prompted to select the plan year you would like to renew from the drop-down list.

**Tip:** We group each of your plans with the same plan year into a single plan year group. For example, let’s assume you have medical, dental, and vision plans that all have a plan year of January 1 through December 31. These plans will be combined into a single plan year (e.g., “2025 Plan Year”). If you have plans with different plan year dates, you will see multiple options in the drop-down list, with each option identified by the dates of the applicable plan year. Each plan year grouping includes all of the plans with the same plan year dates.

Select the plan year you would like to renew and click Continue. Note that the drop-down menu will default to the latest plan year. If you have more than one plan year, select the plan year you would like to renew.



## New Plan Year Dialog Box

We will automatically populate the Plan Year Name, Plan Year Begin Date, and Plan Year End Date fields to advance one year. Please carefully review these values and make any changes necessary.

### New Plan Year

Please confirm information for the new plan year:

**Plan Year Information**

\* Required field

Plan Year Name \*

Plan Year Begin Date \*      Plan Year End Date \*

## Returning to the Renewal Wizard

If you need to return to the renewal wizard, log in to your account and go to the COBRA portal homepage. In the Action Available section, click the Action Required – Open Enrollment button to access the wizard.

Welcome, Sharyl Kennedy

Your last login was on Thursday, October 5, 2023 at 7:45 AM Central Time  
Training Test Client

1035 Decker Court  
310  
Irving, TX 75062

You have unread message(s) in the [Message Center](#)

[Update Your Account Info](#)  
[Update Company Info](#)

Account Management

[Reports & Statements](#)

[Invoices & Documents](#)

Actions Available

**Action Required Open Enrollment**

[Add New Qualifying Event](#)

[Process New Enrollee](#)

[Add Current Participants](#)

[Add Billing Participants](#)

## General Information

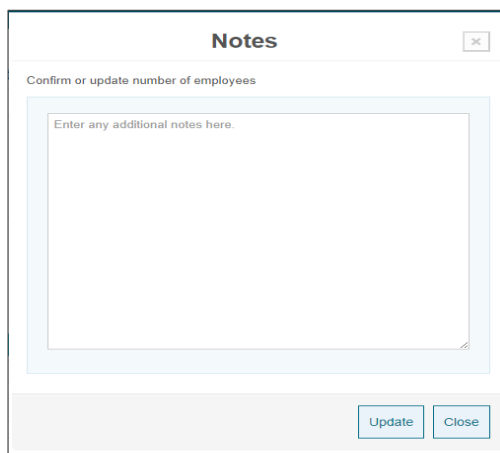
We use the General Information section to collect updated employee counts for your organization. Please be sure to complete each question.

**General Information** +

| # | Question                                       | Answer                           | Notes                   |
|---|--|----------------------------------|-------------------------|
| 1 | Confirm or update number of employees          | <input type="text" value="150"/> | <a href="#">+ Notes</a> |
| 2 | Confirm or update number of eligible employees | <input type="text"/>             | <a href="#">+ Notes</a> |
| 3 | Confirm or update number of covered employees  | <input type="text"/>             | <a href="#">+ Notes</a> |

**Tip:** Any time you see a “+Notes” link, you have the opportunity to provide additional information to us. Click the +Notes link to open a pop-up window, enter your notes, and click Update when done.

When you’re done updating your employee counts, click the Update Section button to save your changes and move forward to the Plan Renewal section.



Example of a notes pop-up window.

## Plan Renewal Section

The Plan Renewal section gathers the information we need to ensure your plan year updates and rules are processed appropriately. Please use the +Notes field next to each question to add any additional clarifying information.

The information you provide in this section is stored to your account for our team members to review as part of the renewal completion process.

When done, click Update Section to save your responses.

| # | Question   | Answer  | Notes   |
|---|--|---|---------|
| 1 | Are you adding any new plans?  | <input type="radio"/> Yes <input checked="" type="radio"/> No   | + Notes |
| 2 | Are you adding any new carriers? If yes, please add this information later in the Carrier Information section.   | <input type="radio"/> Yes <input checked="" type="radio"/> No   | + Notes |
| 3 | Are you terminating any plans?<br>If terminating any plans, please list terminating and replacement plan for passive enrollment in the notes section.    | <input type="radio"/> Yes <input checked="" type="radio"/> No   | + Notes |
| 4 | Are you changing rates for any existing plans?   | <input type="radio"/> Yes <input type="radio"/> No              | + Notes |
| 5 | Are any plans bundled? If yes, please add this information later in the Plans & Rates.   | <input type="radio"/> Yes <input type="radio"/> No              | + Notes |
| 6 | Confirm or update dependent coverage loss age  | <input type="text"/>  | + Notes |
| 7 | Confirm or update termination coverage primary rule. For plan exceptions, please specify in the Plans and Rates section's plan notes.                    | Beginning of Next Month <input type="button" value="v"/>        | + Notes |
| 8 | Confirm or update primary billing effective date for newly added dependents due to birth or adoption. For plan exceptions, please specify in plan notes. | 1st of the Month following DOB <input type="button" value="v"/> | + Notes |

## Open Enrollment Section

The Open Enrollment Section collects additional details regarding your annual open enrollment period. Please be sure to complete this section even if we are not performing open enrollment services on your behalf.

Once you have completed the questionnaire, click Update Section to save your changes.

| # | Question   | Answer  | Notes   |
|---|--|---|---------|
| 1 | Will open enrollment be passive or forced?<br><br><b>PASSIVE</b> = Participants who do not submit an open enrollment election are automatically transitioned to the new plan<br><b>FORCED</b> = Participants who do not submit an open enrollment election are dropped from coverage will term at the start of the upcoming plan year. Forced enrollment is typically only necessary when there is a significant plan change that requires a new election, such as changing from one carrier to another. | Passive   | + Notes |
| 2 | When is your Open Enrollment period for this plan year? Please add dates in this format into the field to the right, example: 11/15/2023 to 11/30/2023   | 11/15/2023 to 11/30/2023                                      | + Notes |
| 3 | Are you selecting our optional open enrollment services that includes distribution of open enrollment materials and processing of open enrollment selections (fees apply)  | <input checked="" type="radio"/> Yes <input type="radio"/> No | + Notes |
| 4 | What date should we expect to receive any changes from you?<br><br>Note: We need to hear from you at least 30 days prior to plan effective date to properly move individuals into new plans and invoice.   | 10/1/2023   | + Notes |
| 5 | Which lines of service are you selecting to opt into open enrollment services? COBRA, Retiree, Direct Billing (Active/Leave of Absence). List multiple lines if performing more than one.  | COBRA   | + Notes |
| 6 | If you want us to offer a grace period extension for participants to return their open enrollment forms, insert the last date for us to accept forms without an appeal.  | 12/15/2023  | + Notes |
| 7 | Is there anything else we should know about this open enrollment?  | NA  | + Notes |

Update All

Update Section

Next Step, Plans & Rates →

**Tip:** We have included an Update All button in the bottom left corner. Clicking this button will save all of your changes before moving on to the next step. If you have saved each section as you've completed them, there is no need to click Update All.

## Next Step, Plans & Rates

After completing the questionnaire, click Next Step, Plan & Rates to move forward:

Update All

Update Section

Next Step, Plans & Rates →

If you fail to complete any questions in the questionnaire, you will receive an alert with the option to continue on (you can go back later) or go back to complete the questionnaire before moving on.

**Attention** ✕

You have not answered all of the questions in this section. An answer or note must be provided for each question.

You may move forward to a different section, but you must return to the Questionnaire and answer any remaining questions before you can submit your information to us.

Do you want to move on to the next section?

## Plans & Rates

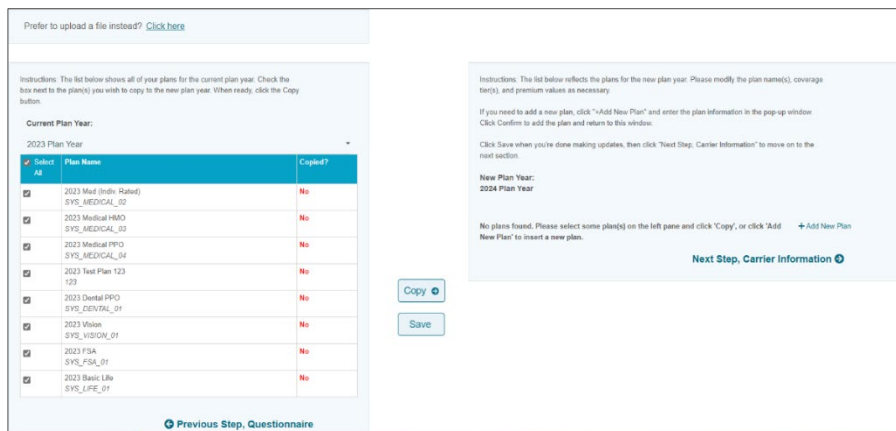
Gathering information about your plans and rates is a critical part of the open enrollment process. We offer two options for providing this information to us: an onscreen wizard that walks you through moving your current plans forward and making any necessary updates, or a file upload feature that allows you to use our Excel templates to provide this information.

The onscreen wizard is the preferred option for most employers because it's the quickest and easiest way to make sure we have your new plan and rate information.

## Onscreen Wizard

The onscreen wizard makes it easy to send us plan and rate information by allowing you to copy any existing plans that are renewing for the new plan year, as well as add any new plans your organization is adding for the new plan year.

Using the grid on the left side of the screen, check the box next to each current plan that is renewing and then click Copy to move these plans forward to the new plan year (if all of your plans are renewing, check the Select All checkbox).



Prefer to upload a file instead? [Click here](#)

Instructions: The list below shows all of your plans for the current plan year. Check the box next to the plan(s) you wish to copy to the new plan year. When ready, click the Copy button.

Current Plan Year:  
2023 Plan Year

| Select                              | Plan Name                                | Copied? |
|-------------------------------------|--|---------|
| <input checked="" type="checkbox"/> | All                                      |         |
| <input checked="" type="checkbox"/> | 2023 Med (Incl. Rates)<br>SYS_MEDICAL_02 | No      |
| <input checked="" type="checkbox"/> | 2023 Medical HMO<br>SYS_MEDICAL_03       | No      |
| <input checked="" type="checkbox"/> | 2023 Medical PPO<br>SYS_MEDICAL_04       | No      |
| <input checked="" type="checkbox"/> | 2023 Test Plan 123<br>123                | No      |
| <input checked="" type="checkbox"/> | 2023 Dental PPO<br>SYS_DENTAL_01         | No      |
| <input checked="" type="checkbox"/> | 2023 Vision<br>SYS_VISION_01             | No      |
| <input checked="" type="checkbox"/> | 2023 FSA<br>SYS_FSA_01                   | No      |
| <input checked="" type="checkbox"/> | 2023 Basic Life<br>SYS_LIFE_01           | No      |

Copy

Save

Previous Step, Questionnaire

Instructions: The list below reflects the plans for the new plan year. Please modify the plan name(s), coverage tier(s), and premium values as necessary.

If you need to add a new plan, click "Add New Plan" and enter the plan information in the pop-up window. Click Confirm to add the plan and return to this window.

Click Save when you're done making updates, then click "Next Step, Carrier Information" to move on to the next section.

New Plan Year:  
2024 Plan Year

No plans found. Please select some plan(s) on the left pane and click 'Copy', or click 'Add New Plan' to insert a new plan.

Next Step, Carrier Information

When you're done moving plans forward, be sure to update the monthly premium to reflect the correct premiums for the new plan year (see image below).

**When entering the new premiums, please enter the total premium amount without the 2% COBRA administration fee.**

When done, click Save. The premium grid will automatically update to reflect the COBRA premium with the 2% administration fee included, as well as the premium amount for any qualified beneficiaries covered under a disability extension period.



Prefer to upload a file instead? [Click here](#)

Instructions: The list below shows all of your plans for the current plan year. Check the box next to the plan(s) you wish to copy to the new plan year. When ready, click the Copy button.

**Current Plan Year:**  
2023 Plan Year

| Select                   | Plan Name                             | Copy? |
|--------------------------|---------------------------------------|-------|
| <input type="checkbox"/> | 2023 Med (Indiv Rated) SYS_MEDICAL_02 | No    |
| <input type="checkbox"/> | 2023 Medical HMO SYS_MEDICAL_03       | Yes   |
| <input type="checkbox"/> | 2023 Medical PPO SYS_MEDICAL_04       | No    |
| <input type="checkbox"/> | 2023 Test Plan 123 123                | No    |
| <input type="checkbox"/> | 2023 Dental PPO SYS_DENTAL_01         | No    |
| <input type="checkbox"/> | 2023 Vision SYS_VISION_01             | No    |
| <input type="checkbox"/> | 2023 FSA SYS_FSA_01                   | No    |
| <input type="checkbox"/> | 2023 Basic Life SYS_LIFE_01           | No    |

[Copy](#) [Save](#)

[Previous Step, Questionnaire](#)

Instructions: The list below reflects the plans for the new plan year. Please modify the plan name(s), coverage tier(s), and premium values as necessary.

If you need to add a new plan, click "+Add New Plan" and enter the plan information in the pop-up window. Click Confirm to add the plan and return to this window.

Click Save when you're done making updates, then click "Next Step, Carrier Information" to move on to the next section.

**New Plan Year:**  
2024 Plan Year

-Show All Plans-

[+ Add New Plan](#)

| Plan Name                       | Remove |
|---------------------------------|--------|
| 2024 Medical HMO SYS_MEDICAL_03 | Remove |

| Tier                  | Monthly Premium * | Retro Premium | COBRA Premium | Qualified Premium | Remove |
|-----------------------|-------------------|---------------|---------------|-------------------|--------|
| Employee Only         | \$ 250.00         | \$ 0.00       | \$255.00      | \$375.00          | Remove |
| Employee and Family   | \$ 1,000.00       | \$ 0.00       | \$1,020.00    | \$1,500.00        | Remove |
| Employee and Spouse   | \$ 750.00         | \$ 0.00       | \$755.00      | \$1,125.00        | Remove |
| Employee and Children | \$ 500.00         | \$ 0.00       | \$510.00      | \$750.00          | Remove |

[+ Add Tier](#)

[Next Step, Carrier Information](#)

## Adding New Plans

If your organization is adding any COBRA-eligible plans for the new plan year, click +Add New Plan to open the Insert New Plan window. Be sure to complete each field and add any special rules or other pertinent information in the Plan Notes field.

**Insert New Plan**

You are about to create a new plan under the plan year:

**2024 Plan Year**

**Plan Information**

\* Required field

Plan Name \*  Plan Dates

Plan Type \*  Plan Funding \*  Plan Carrier \*

Plan Notes

[Confirm](#) [Cancel](#)

When done, click Confirm to save the new plan to your account. Now it's time to add the applicable tiers and rates for your newly added plan. Click +Add Tier to add each of your rates and tiers:

Instructions: The list below reflects the plans for the new plan year. Please modify the plan name(s), coverage tier(s), and premium values as necessary.

If you need to add a new plan, click "+Add New Plan" and enter the plan information in the pop-up window. Click Confirm to add the plan and return to this window.

Click Save when you're done making updates, then click "Next Step, Carrier Information" to move on to the next section.

**New Plan Year:**  
2024 Plan Year

Medical | 2024 New Medical Plan | 0 tier(s) with rates

[+ Add New Plan](#)

| Plan Name                            | Remove |
|--------------------------------------|--------|
| 2024 New Medical Plan SYS_MEDICAL_05 | Remove |

[+ Add Tier](#)

[Next Step, Carrier Information](#)

In the Add Coverage Tier pop-up, select an applicable coverage tier and enter the monthly premium amount (be sure to enter the full premium amount without the 2% COBRA administration fee):

### Add Coverage Tier ✕

**\*Please enter the full premium amount. Do not include the 2% COBRA administration fee.**

Coverage Tier

Monthly Premium

Repeat this step for each coverage tier associated with the plan.

Instructions: The list below reflects the plans for the new plan year. Please modify the plan name(s), coverage tier(s), and premium values as necessary.

If you need to add a new plan, click "+Add New Plan" and enter the plan information in the pop-up window. Click Confirm to add the plan and return to this window.

Click Save when you're done making updates, then click "Next Step, Carrier Information" to move on to the next section.

**New Plan Year:**  
 2024 Plan Year

Medical | 2024 New Medical Plan | 0 tier(s) with rates ▼

[+ Add New Plan](#)

| Plan Name             |                   |                 |               |                  |        | Remove |
|-----------------------|-------------------|-----------------|---------------|------------------|--------|--------|
| 2024 New Medical Plan |                   |                 |               |                  |        |        |
| SYS_MEDICAL_05        |                   |                 |               |                  |        |        |
| Tier                  | Monthly Premium * | Retiree Premium | COBRA Premium | Disabled Premium |        |        |
| Employee Only         | \$ 300.00         | \$              | \$308.00      | \$450.00         | Remove |        |
| Employee and Family   | \$ 1,200.00       | \$              | \$1,224.00    | \$1,800.00       | Remove |        |
| Employee and Spouse   | \$ 900.00         | \$              | \$918.00      | \$1,350.00       | Remove |        |
| Employee and Children | \$ 600.00         | \$              | \$612.00      | \$900.00         | Remove |        |

[+ Add Tier](#)


[Next Step, Carrier Information](#) ➔

When done adding any new plans and their associated coverage tiers, click Next Step, Carrier Information to continue.

## Uploading Rates

If you prefer to upload your rates instead of using the onscreen wizard, click the Change Configuration Option link...

Questionnaire » Plans & Rates » **Carrier Information** » Documents » Complete

 Prefer to upload a file? [Change Configuration Option](#)

...and then click the Use the file upload link:

Questionnaire » Plans & Rates » **Carrier Information** » Documents » Complete

You have the option of (1) configuring plans using this screen, or (2) you can download our template to manually fill and upload back to the site. Please select which option you prefer:

- [→ Use the on-screen tool](#)
- [→ Use the file upload](#)

You are now at the upload file page:

Questionnaire » Plans & Rates » **Carrier Information** » Documents » Complete

Prefer the on-screen tool instead? [Click here](#)

If you prefer to submit files instead of using our web-based process, simply follow the instructions below and be sure to submit your files before the deadline.

Instructions: Please download the templates using the links below. Fill in each template with the appropriate information and save the files to your local system. When done, return here and use the Upload File feature to send your files to us.

**Step 1: Chose the new Plan Year you are uploading to:**

2024 Plan Year

**Step 2: Download the Plans & Rates template:**


[Plans Template](#)  
[Rates Template](#)

**Step 3: Upload the file(s):**

Upload File

No file chosen

File(s) Uploaded: No files uploaded.

**Next Step, Documents** 



Step 1. Ensure the correct plan year is reflected in the drop-down. If necessary, use the drop-down to select the correct plan year.

Step 2: Click each link to download our templates.

- The plans template includes a list of your plans for the current plan year.
- The rates template includes information related to these plans, including plan naming conventions, coverage tiers and rates.

We strongly encourage you to use these templates when uploading your plan and rate information to us. Choosing to submit your own files for this purpose may lead to processing delays.

| client_id | client_name         | timeframe_begin_date | timeframe_end_date | plans_name            | plan_type_name     | plan_type | carrier_na | carrier_id | funding_type | division | plan_code      |
|-----------|---------------------|----------------------|--------------------|-----------------------|--------------------|-----------|------------|------------|--------------|----------|----------------|
| 765       | COBRA Sample Client | 1/1/2023 0:00        | 12/31/2023 0:00    | Dental DHMO Plan      | Health and Welfare | 1         |            |            | Self funded  |          | SYS_DENTAL_01  |
| 765       | COBRA Sample Client | 1/1/2023 0:00        | 12/31/2023 0:00    | Medical HDHP HSA Plan | Health and Welfare | 1         |            |            | Self funded  |          | SYS_MEDICAL_01 |
| 765       | COBRA Sample Client | 1/1/2023 0:00        | 12/31/2023 0:00    | Medical PPO Plan      | Health and Welfare | 1         |            |            | Self funded  |          | SYS_MEDICAL_02 |
| 765       | COBRA Sample Client | 1/1/2023 0:00        | 12/31/2023 0:00    | Vision Plan           | Health and Welfare | 1         |            |            | Self funded  |          | SYS_VISION_01  |

#### *Plans template example*

| client_id | client_name         | plans_name            | carrier_name | eligibility_begin_date | eligibility_end_date | coverage_tier_name    | coverage_tiers_id | monthly_premium | cobra_monthly_premium | disabled_monthly_premium |
|-----------|---------------------|-----------------------|--------------|------------------------|----------------------|-----------------------|-------------------|-----------------|-----------------------|--------------------------|
| 765       | COBRA Sample Client | Dental DHMO Plan      | Delta Dental | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Children | 4                 | 49.02           | 50                    | 73.53                    |
| 765       | COBRA Sample Client | Dental DHMO Plan      | Delta Dental | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Family   | 2                 | 147.06          | 150                   | 220.59                   |
| 765       | COBRA Sample Client | Dental DHMO Plan      | Delta Dental | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Spouse   | 3                 | 73.53           | 75                    | 110.29                   |
| 765       | COBRA Sample Client | Dental DHMO Plan      | Delta Dental | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee Only         | 1                 | 24.51           | 25                    | 36.76                    |
| 765       | COBRA Sample Client | Medical HDHP HSA Plan | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Children | 4                 | 392.16          | 400                   | 588.24                   |
| 765       | COBRA Sample Client | Medical HDHP HSA Plan | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Family   | 2                 | 784.31          | 800                   | 1176.47                  |
| 765       | COBRA Sample Client | Medical HDHP HSA Plan | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Spouse   | 3                 | 588.24          | 600                   | 882.35                   |
| 765       | COBRA Sample Client | Medical HDHP HSA Plan | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee Only         | 1                 | 196.08          | 200                   | 294.12                   |
| 765       | COBRA Sample Client | Medical PPO Plan      | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Children | 4                 | 490.20          | 500                   | 735.29                   |
| 765       | COBRA Sample Client | Medical PPO Plan      | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Family   | 2                 | 980.39          | 1000                  | 1470.59                  |
| 765       | COBRA Sample Client | Medical PPO Plan      | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Spouse   | 3                 | 784.31          | 800                   | 1176.47                  |
| 765       | COBRA Sample Client | Medical PPO Plan      | Anthem       | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee Only         | 1                 | 245.10          | 250                   | 367.65                   |
| 765       | COBRA Sample Client | Vision Plan           | VSP          | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Children | 4                 | 24.51           | 25                    | 36.76                    |
| 765       | COBRA Sample Client | Vision Plan           | VSP          | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Family   | 2                 | 29.41           | 30                    | 44.12                    |
| 765       | COBRA Sample Client | Vision Plan           | VSP          | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee and Spouse   | 3                 | 19.61           | 20                    | 29.41                    |
| 765       | COBRA Sample Client | Vision Plan           | VSP          | 1/1/2023 0:00          | 12/31/2023 0:00      | Employee Only         | 1                 | 9.80            | 10                    | 14.71                    |

#### *Rates template example*

When completing the templates, please be sure to:

- Update your plan years and rate information in the rates template.
- Include any new plans on both files.
- Note any terminating plans at the end of the applicable row on each file.
- If adding new carriers, include any new carrier and plan names on both files.

When you're done updating the templates, be sure to save the files to your local system and then return to the file upload page. Click the Choose File button, navigate to your saved templates, and select the file to upload. Repeat this process for the other template.



## Carrier Information Section

Once you have completed copying over any renewing plans, updating the rates, or adding any new plans and rates, you will move on to the Next Step, Carrier Information.

If any of your plan carriers have changed, you will need to select a carrier from the drop-down menu in the Plan Carrier Section. If a carrier is not listed, please add the carrier's name to the notes section. We will add the carrier to our list of values.

Use the Plan Notes field to provide important carrier-related information, including the group number, the contact details for the carrier's eligibility team or representative, and any other pertinent information.

Questionnaire » Plans & Rates » Carrier Information » Documents » Complete

Instructions: The list below reflects the plans you identified in the previous section. Use the grid below to provide the funding type and carrier name. Use the Plan Notes field to provide carrier details such as group number or the name and contact details of your eligibility contact at the carrier.

Plan Year:  
2024 Plan Year

Update

| Plan Name             | Funding Type  | Plan Carrier | Plan Notes   |
|-----------------------|---------------|--------------|--|
| 2024 Medical HMO      | Self funded   | Client       |  |
| 2024 New Medical Plan | Fully insured | Aetna        | Plan only available in New York. Eligibility Contact - John Smith@anyemail.com, 800-800-8000. Group Number 1234567 |

Update

Previous Step, Plans & Rates      Next Step, Documents

## Documents Section

The Documents section allows you to upload any documents you would like us to make available to your participants via the participant portal. Common documents we receive include plan documents and SPDs, benefit guides, deductible and copay information, and other plan-related documents.

*If you have no documents to post, you can skip ahead to the Final Step section below.*  
**All documents must be in PDF format and no larger than 4MB in size. Please be sure that any documents you provide are free from personal or confidential information, including any member data.**

To add a document, follow the steps below:

**Questionnaire » Plans & Rates » Carrier Information » Documents » Complete**

Instructions: Use the upload feature below to send us documents that should be posted to the participant portal.

Documents for upload must be no larger than 4MB. If you need to provide documents over this file size limit, please contact your service representative for assistance.

|      |      | Document Name     |   |
|------|------|-------------------|---|
| Edit | View | New Document1     | X |
| Edit | View | New Document 4    | X |
| Edit | View | Test Document 5   | X |
| Edit | View | New Document 6    | X |
| Edit | View | New Document      | X |
| Edit | View | June 2020 Invoice | X |
| Edit | View | Test Excel        | X |

Document Name  
New Document1

Document Description

**Upload PDF Document**  
 No file chosen 
 If the document you are updating will be included in a mailing to the participant, please review our PDF requirements to make sure your document meets the margin guidelines. [Document Requirements PDF](#)

Current file: Participant-Portal-Guide (1).pdf

[← Previous Step, Carrier Information](#) [Final Step, Complete →](#)

To begin, click the Add button, and then enter the name of the document in the Document Name field; you can also add a description in the Document Description field. Click Update to save the document name.

With the document name saved, click Choose File, select the PDF document you would like to upload, click Open, and then Upload File to attach it to your new saved Document.

When done adding files, click Update to complete the process.

## Final Step, Complete

You've reached the final step. This is your opportunity to review the information you've entered and make any corrections necessary before submitting the information to us.

**Questionnaire » Plans & Rates » Carrier Information » Documents » Complete**

Instructions: Click the PDF links below to review the information you've entered. If you need to make any corrections, use the quick links above to go to the appropriate section.

Please note: Please save a copy of the PDF documents to your local system. The PDFs are no longer available after you click Complete.

When ready, click Complete to submit your information.

Plan Year:  
2024 Plan Year

*Plan Year not submitted.*

- 📄 [2024 Plan Year - Questionnaire PDF](#)
- 📄 [2024 Plan Year - Plans & Rates PDF](#)

[← Previous Step, Documents](#)



Ensure the correct plan year is reflected in the drop-down. If necessary, use the drop-down to select the correct plan year.

You can review your responses to the questionnaire or your entered plans and rates by downloading the respective PDF documents.

**Please note:** Be sure to save the PDF documents to your local system. The PDFs are no longer available after you click Complete.

If you need to make any corrections, use the links at the top of the page to go to the appropriate section(s). When done making corrections, click the Complete link at the top to return to this page.

[Questionnaire](#) » [Plans & Rates](#) » [Carrier Information](#) » [Documents](#) » Complete

Instructions: Click the PDF links below to review the information you've entered. If you need to make any corrections, use the quick links above to go to the appropriate section.

**Please note:** Please save a copy of the PDF documents to your local system. The PDFs are no longer available after you click Complete.

When ready, click Complete to submit your information.

Plan Year:

2024 Plan Year ▼ Complete

*Plan Year not submitted.*

[2024 Plan Year - Questionnaire PDF](#)  
[2024 Plan Year - Plans & Rates PDF](#)

[← Previous Step, Documents](#)

When everything appears correct, click the Complete button. Please read the confirmation message and when ready, click Confirm to submit your information.

### Confirm

By clicking Confirm, you attest that the information you are submitting is complete and correct to the best of your knowledge. You should save the PDF summaries of your information to your local system before confirming. When ready, click Confirm.

Confirm
Cancel

If you need to make any corrections or updates after submitting your information, please contact your client services team.



# Special Instructions

## How to Submit a COBRA Qualifying Event for an Individually Rated Plan

- 1) Follow the same steps that you would for any other COBRA event, then follow these instructions before clicking the Complete button.
- 2) If you know that a plan you added is individually rated, in Step 2 click on Edit Plan Premiums in the row of the individually rated plan.

Example Employee (ID: 7264506)  
 Training Test Client (ID: 701)  
 123 Address  
 Mason, OH 45040  
 Date of Birth: 5/5/1989  
 Email: Not specified

Fields marked with an asterisk (\*) are required.

Qualifying Event \* ?  
 Reduced Hours of Employment

Date of Event \* ?      Event Type  
 8/9/2023      -Select One-

COBRA Election Notice Mailed Date ?  
 mm/dd/yyyy

**Step 2: Add Plans**

Use the drop-down list below to select the plan(s) the individual(s) were covered under the day of the qualifying event. If you don't see the plan listed, click "Add a new plan" below.

| Plan Name        | Edit Plan Premiums | Remove |
|------------------|--------------------|--------|
| 2023 Medical PPO | Edit Plan Premiums | Remove |
| 2023 Basic Life  | Edit Plan Premiums | Remove |
| 2023 Vision      | Edit Plan Premiums | Remove |

2023 Med (Indiv. Rated) Add Eligible Plan

[+ Add a New Plan](#)

**Step 3: Dependent Information**

Add plans for the dependents below, you can also add a new dependent.

|        | Dependent Name | Relationship | Date of Birth |
|--------|----------------|--------------|---------------|
| Select | Child Employee | Child        | 1/1/2022      |

[+ Add a new dependent](#)

Eligible plan(s) for Child Employee.

| Plan Name        | Remove |
|------------------|--------|
| 2023 Medical PPO | Remove |

2023 Basic Life Add Eligible Plan

Complete ?
Start Over ?





This will pop-up the Plan Information Box.

The screenshot shows the 'Step 2: Add Plans' section of the UnifyHR portal. A 'Plan Information' pop-up box is centered over the page. The pop-up contains the following text and fields:

- Client Rates** - this participant will use the same rate as all participants in this client.
- Individual Rates** - this participant will use rates that will only apply to them.
- Plan Premiums**
  - Select the type of rates this participant will use: Individual Rates (dropdown)
  - \*Please enter the full premium amount. Do not include the 2% COBRA administration fee.
  - Individually Rated (dropdown) \$ [input box]
  - Add New Rate (button)
- Update (button)
- Close (button)

The background shows the 'Step 2: Add Plans' section with a list of plans: 2023 Medical PPO, 2023 Basic Life, and 2023 Vision. Below the list is a '+ Add a New Plan' button. The 'Step 3: Dependent Information' section is also visible, showing a table with columns for Dependent Name, Relationship, and Date of Birth.

- Determine the monthly premium of the benefit without the 2% COBRA fee and enter it into the \$ amount box.
- After you enter the amount, click Add New Rate.
- Click update and close when complete.

This screenshot shows the 'Plan Information' pop-up box in a more detailed view. The 'Plan Premiums' section is expanded to show the 'Add New Rate' step. The 'Individual Rates' dropdown is selected. The 'Monthly Premium (Individual Rate)' field is populated with '\$ 123.00'. A 'Remove' button is next to the entry. Below this, there is a 'No more coverage tiers to add' dropdown and another '\$ [input box]' field. The 'Add New Rate' button is visible at the bottom left of the pop-up. The 'Update' and 'Close' buttons are at the bottom right.



- 3) When you are finished, click Complete on the COBRA Event
  - a. If you did not insert the monthly premium on any individually rated plan, you will receive an error message. You will need to enter the premium using the steps above before you can complete the event.

**Example Employee (ID: 7264506)**  
 Training Test Client (ID: 701)  
 123 Address  
 Mason, OH 45040  
 Date of Birth: 5/5/1989  
 Email: Not specified

Fields marked with an asterisk (\*) are required.

Qualifying Event \* ?  
 Reduced Hours of Employment v

Date of Event \* ? Event Type  
 8/9/2023 -Select One- v

COBRA Election Notice Mailed Date ?  
 mm/dd/yyyy

---

**Step 2: Add Plans**

Use the drop-down list below to select the plan(s) the individual(s) were covered under the day of the qualifying event. If you don't see the plan listed, click "Add a new plan" below.

| Plan Name               |
|-------------------------|
| 2023 Medical PPO        |
| 2023 Basic Life         |
| 2023 Vision             |
| 2023 Med (Indiv. Rated) |

[+ Add a New Plan ?](#)

**Alert!** x

2023 Basic Life requires individual rates. Click **Edit Plan Premiums** to add rates for this user for this plan.

[OK](#)

---

**Step 3: Dependent Information**

Add plans for the dependents below, you can also add a new dependent.

| Select                   | Dependent Name | Relationship | Date of Birth |
|--------------------------|----------------|--------------|---------------|
| <input type="checkbox"/> | Child Employee | Child        | 1/1/2022      |

[+ Add a new dependent](#)

Eligible plan(s) for Child Employee.

| Plan Name        |        |
|------------------|--------|
| 2023 Medical PPO | Remove |

2023 Basic Life v [Add Eligible Plan](#)

[Complete ?](#) [Start Over ?](#)



- Once all individually rated premiums are entered and you click Complete, a summary page will appear for you to confirm your submission. Click Confirm when your review is complete.

Example Employee (ID: 7264506)  
 Training Test Client (ID: 701)  
 123 Address  
 Mason, OH 45040  
 Date of Birth: 5/5/1989  
 Email: Not specified

Fields marked with an asterisk (\*) are required.

Qualifying Event \* ?  
 Reduced Hours of Employment

Date of Event \* ? Event Type  
 8/9/2023 -Select One-

COBRA Election Notice Mailed Date ?

### Step 2: Add Plans

Use the drop-down list below to select the plan(s) the individual(s) were covered under the

| Plan Name               |
|-------------------------|
| 2023 Medical PPO        |
| 2023 Basic Life         |
| 2023 Vision             |
| 2023 Med (Indiv. Rated) |

[+ Add a New Plan ?](#)

### Step 3: Dependent Information

Add plans for the dependents below, you can also add a new dependent.

| Dependent Name        | Relationship | Date of Birth |
|-----------------------|--------------|---------------|
| Select Child Employee | Child        | 1/1/2022      |

[+ Add a new dependent](#)

### Summary

Please confirm the following information for this qualifying event. Click 'Confirm' to process this event, or 'Cancel' to make changes.

**Participant**  
 Example Employee (ID: 7264506)  
 Date of Birth: 5/5/1989

**Qualifying Event**  
 Qualifying Event: Reduced Hours of Employment  
 Date of Event: 8/9/2023  
 Event Type: None  
 COBRA Election Notice Mailed Date: None

**Eligible Plans**  
 2023 Medical PPO  
 Employee Only - \$200.00  
 Employee and Family - \$900.00  
 Employee and Spouse - \$300.00  
 Employee and Children - \$600.00

Confirm
Cancel

Complete ?
Start Over ?