

ALERUS

COBRA RENEWAL FORM

COBRA Start Date/Renewal Date	
Group Name and DBA (if applicable)	
Group Address	Group Size
Group Contact Name	Group Contact Email Address
Broker Name	Broker Address
Broker Contact Name	Broker Contact Email Address
Do you want reports by division? <input type="checkbox"/> Yes <input type="checkbox"/> No	List Division Names

SUBMIT FULL MONTHLY PREMIUMS FOR EACH COBRA ELIGIBLE PLAN

Submit full monthly premiums for each COBRA eligible plan with this form to cobra@alerus.com

- When submitting rates, please be sure to outline all coverage tiers
- Please do not include employee or employer portions
- Please do not include the 2% administration fee in the rates provided to Alerus
- Complete information must be submitted to Alerus at least 30 days in advance to guarantee completion by the rate effective date
- Renewals are completed in order by which they are received
- Age banded rates are required to be submitted in Excel format

	Medical*	Medical*	Medical*	Dental	Vision
Renewal Date (mm/dd/yyyy)					
Self funded? Fully insured?	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured
Carrier Name					
Carrier Contact Name					
Carrier Contact Email					
Carrier Contact Phone					
Group Number					
Sub-Group Number					
Coverage Ends On	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month
*Medical Rates Renew On <input type="checkbox"/> Anniversary Date <input type="checkbox"/> First of Month Following Date of Birth			*Children 21+ Pay <input type="checkbox"/> Child Rate <input type="checkbox"/> Age Rate		
	FSA	HRA	EAP	Teledoc	Pediatric Dental
Renewal Date (mm/dd/yyyy)					
Self funded? Fully insured?	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured	<input type="checkbox"/> Self Funded <input type="checkbox"/> Fully Insured
Carrier Name					
Carrier Contact Name					
Carrier Contact Email					
Carrier Contact Phone					
Group Number					
Sub-Group Number					
Coverage Ends On	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month	<input type="checkbox"/> Event Date <input type="checkbox"/> End of Month

REVIEW INFORMATION

PLEASE CAREFULLY REVIEW YOUR PREMIUMS INFORMATION PRIOR TO SUBMITTING TO ALERUS. There will be a **\$75.00 charge per hour** for correcting and responding to erroneous information, including:

- Premium corrections
- Carrier changes requested after plan rate changes have been processed
- Plan setup corrections including, but not limited to
 - Late notification of rates or carrier changes
 - Urgent updates required for reinstatements

EMPLOYER/BROKER ACKNOWLEDGEMENT

By my signature, I acknowledge that I have read all information outlined by this document and submitted all required information necessary for Alerus to perform their job duties. All information herein and attached is correct to the best of my knowledge.

Employer Signature or Representative Signature

Date

Pursuant to the terms of our contract, you are solely responsible for ensuring that the renewal and premium information provided to Alerus by you (the client) or your representative (your broker or consultant) is accurate. Alerus has no responsibility to confirm that the information provided to it is accurate and may rely on and use such information, (e.g., for purposes of communicating the premiums a continuation participant must pay) without question. Alerus has no liability whatsoever if the renewal and premium information provided to it is inaccurate. Additionally, for any renewal information that is received late (after the renewal date), the change in premiums for continuation member will be made effective the first of the month following the date of receipt — we cannot back bill participants for late renewals. Alerus does not take responsibility for any premium discrepancies caused by late renewal information. If you have any questions or concerns regarding this process, please reach out to cobra@alerus.com or 800.761.1934.