



Of our chamber **ADVANTAGE**
COBRA COMPLIANCE PROGRAM



**COBRA CONTINUATION / POP
COMBO PROGRAM**

Take the Worry out of COBRA Compliance. Enjoy Peace of Mind.

Ease the Liability and Complexity of COBRA Compliance.



CT State Continuation, 1-19 Employees
Federal Continuation, 20+ Employees

Continuation is a complex process, governed by changing rules and regulations including the recent American Recovery and Reinvestment Act of 2009 (ARRA). Worse, virtually every aspect of Continuation is extremely time sensitive. Prompt and proper employer obligations are critical. TASC takes the worry out of COBRA Continuation. It even provides for the collection of premium payments connected with Continuation. In all, it's a security blanket that keeps you in compliance with complex state regulations.

HOW DOES IT WORK?

TASC services take care of the necessary communications, notices, forms, and record-keeping. It even provides for the collection of premium payments connected with Continuation. In all, it's a security blanket that keeps you in compliance with complex state regulations.

REAL ADVANTAGES FOR EMPLOYERS

- TASC assumes liability for all required administrative procedures and regulations to protect your interest.
- TASC provides easy-to-understand reports that allow you to monitor your Continuation activities.
- TASC provides you with access to experienced employee benefits professionals and financial experts.
- TASC enrollment is easy with a simple setup kit that helps you establish your Plan within days.

COMPLIANCE SERVICES THAT PROVIDE YOU WITH PEACE OF MIND

- TASC records and maintains documents on Continuation activity.
- TASC provides proof of qualifying event notification.
- TASC establishes election and payment receipt deadlines.
- TASC maintains records on all Continuation Correspondence.



PREMIUM ONLY PLAN
Section 125

WHAT IS A PREMIUM ONLY PLAN (POP)?

Section 125 allows employees to select certain benefits normally paid on an after tax basis and, through payroll deduction, pay for these benefits on a pre-tax basis.

Section 125 Plans can be structured to include a variety of benefits. Employee payroll deductions for many medical or health related insurance benefits are paid with pre-tax dollars thereby saving Employees Federal and State income tax. In addition, both the Employer and the Employee reduce their share of FICA taxes.

HOW DOES AN EMPLOYER BENEFIT FROM A SECTION 125 PLAN?

- Reduce payroll cost: Social Security contributions are reduced for each dollar of Employee participation.
- Control costs: An Employer can control the Company's share of medical costs, without limiting Employee choices.
- Address the needs of a diverse workforce: An Employer can offer individually tailored benefits at little or no additional cost to the company.
- Recruit and retain quality employees: An Employer is viewed in a positive light by current and prospective Employees because a benefit package is being provided with the Employee's interest in mind.

ADMINISTRATIVE FORMS AND DOCUMENTS INCLUDE:

- Plan Document
- Employee Notification Forms
- Summary Plan Description
- Employee Handouts

**The Annual Administration Fee for This Special
COMBO Program is Only \$400.00**

(For employers with over 20 Employees, COBRA Admin Only is available for \$1.25/ee. See pg 2)

Chamber Insurance Trust, 325 Boston Post Rd, Ste 3F, Orange, CT 06477 • 800.953.4467 • www.citrust.com

COBRA CONTINUATION/SECTION 125 POP PLAN APPLICATION

(1) EMPLOYER/ADMINISTRATOR

Contact Name _____ Company Name _____
Telephone _____ Fax _____ Email _____
Street Address _____ City _____ State _____ Zip _____
Federal ID# _____ NAICS or SIC Code (found on IRS Form 5500, line 2d) _____
Tax Filing Status: C-Corp S-Corp Partnership Sole Proprietor Non-Profit LLC Other _____
Nature of Business: _____
Do you own interest in any other business? No Yes Number of Eligible Employees _____

(2) FLEXSYSTEM SECTION 125 POP PLAN

PARTICIPATION AND ELIGIBILITY REQUIREMENTS

Eligibility requirements include participation in the Health Insurance Plan.

AVAILABLE BENEFITS

Select the benefits available to the eligible employees. These benefits are taken through salary deductions.

- Medical or Medical-Related Premium - (Group Sponsored - Employee and Family)
 Voluntary Term Life Insurance Premium - (Employee Only - Up to \$50,000 in death benefits.)
 Disability Insurance Premium - (Employee Only)
 Cancer Insurance Premium - (Employee and Family)

(3) COBRATODAY CONTINUATION COBRA PLAN OPTIONS

- COBRA/POP Chamber Advantage Combo Plan (under 20 employees): \$400/annual*
 COBRA Administration Only (over 20 employees): \$1.25/ee/month*

** Each plan option includes a one-time setup fee of \$25 per Takeover Qualified Beneficiary. (Each plan also includes a \$75 one-time enrollment fee that is being paid for by the Chamber and is of no charge to the employer.)*

Total number of employees: _____ Total number of employees on employer's health insurance plan: _____
Current COBRA administrator: Self Other _____ Current number of participants in COBRA*: _____

SUBSIDIARIES, AFFILIATES OR DIVISIONS

Identify all subsidiaries, affiliates, or divisions to be included under this program and identify whether they are to be established as a separate group for service communications.

	Set-up Separate (circle)	
	Yes	No
1. _____		
2. _____		
3. _____		

HEALTH CARRIERS

Identify all health carriers (including current health insurance plan, HMO, dental, vision, etc.)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

PLAN START

Applications must be received by the 15th of the month to be eligible for the Plan to start on the first of the following month.

(4) AUTHORIZATION and PAYMENT

I have read, understand and agree to the terms and conditions stated on the TASC Service Level Agreement as attested by the signature below, effective on the date of the signature.

Check # _____ MasterCard VISA American Express Discover
Signature: _____ Name of Cardholder (on Card): _____
Card#: _____ Exp. Date: _____
Provider Name: _____ Provider #: _____ 4900-0282-5217
Employer:(sign here) _____ Title: _____ Date: _____

Questions? Contact us for assistance!

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