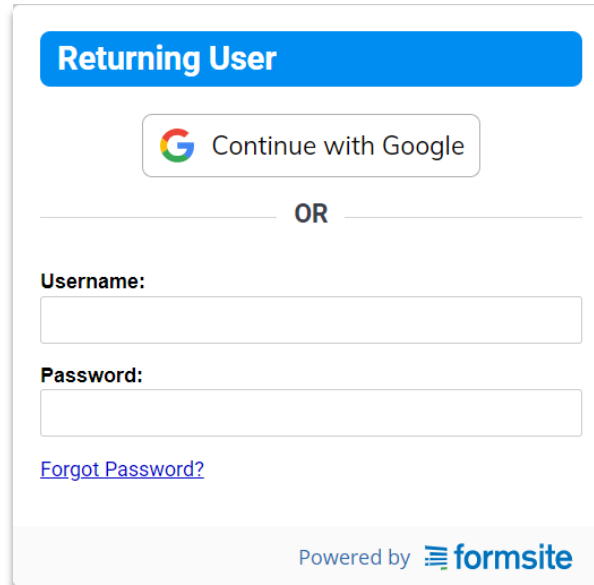


## FORMSITE INSTRUCTIONS FOR PREVIOUS YEARS

1. Login using the same username and password used for the prior plan year submissions.



2. You will see a listing of all completed and incomplete submissions. Select the Edit button next to the appropriate employer group and plan year.

	Reference #	Updated	Please acknowledge that you...	Are you a New or Renewal Cl...	Employer
<a href="#">Start New</a>					
<a href="#">Edit</a>	25479711 ✓	2023-01-23 12:18:04	I have read and understand the above	New	TEST COBRA FOR BOARD2
<a href="#">Edit</a>	22506912 ⓘ	2023-01-23 12:22:43	I have read and understand the above	New	Sample
<a href="#">Edit</a>	20831958 ⓘ	2023-01-23 12:23:19	I have read and understand the above	New	Testing

3. Edit the appropriate information. This will need to be done for each individual plan.

a. Plan name – if applicable.

Medical 1 Plan Name \* test Medical 1 Carrier Name \* test Medical 1 Group # test

Is this plan new? - M1 \*  Yes  No  
 Was there a name change from the prior plan year? - M1 \*  Yes  No

Is this plan self-funded? - M1 \*  Yes  No  
 Med1 Plan Start Date \* 10/01/2022 Med1 Plan End Date \* 10/31/2022

b. Plan year – REQUIRED.

Medical 1 Plan Name \* test Medical 1 Carrier Name \* test Medical 1 Group # test

Is this plan new? - M1 \*  Yes  No  
 Was there a name change from the prior plan year? - M1 \*  Yes  No

Is this plan self-funded? - M1 \*  Yes  No  
 Med1 Plan Start Date \* 10/01/2022 Med1 Plan End Date \* 10/31/2022

c. Rates – if applicable. The prior plan year rates will be prepopulated.

**MEDICAL 1 RATES**  
 Do not include 2% fee

Employee Only - M1 20 Employee + Spouse - M1 40 EE + Child(ren) - M1 60 Employee + Family - M1 80

Employee + 1 - M1 Employee + 2 - M1 Employee + 3 - M1 Employee + 4 - M1

Other (Check here if your rates do not fit the tier structure listed.)  
 Yes  No

d. Carrier Contacts – if applicable.

**MEDICAL 1 CARRIER ELIGIBILITY CONTACT INFORMATION**


Medical 1 Carrier Contact Name \* TESTING Medical 1 Carrier Email \* Testing@test.com

Medical 1 Carrier Phone \* 800-222-5555 Medical 1 Carrier Fax


Medical 1 Carrier Notes

4. Click Next to move on to the next set of plans.
5. Submit.

**Signature \***



clear

**Printed Name \***  **Date \***  

[<< Previous](#)   [Save Progress](#)   [Submit](#)