WALL TOWNSHIP PUBLIC SCHOOLS
OFFICE OF THE BUSINESS ADMINISTRATOR/BOARD SECRETARY
PO Box 1199
Wall, New Jersey 07719-1199

Brian J. Smyth
Custodian of Records

Phone: 732-556-2016
FAX: 732-556-2102

April 17, 2024

Betsy Cross

Re: OPRA 24-112

opra+request-60666-9e6c7052@requests.opramachine.com

Good afternoon,

The Wall Township Board of Education is in receipt of your emailed request for records dated Saturday, April 13, 2024, wherein you requested records as follows:

> "Records requested:
> The contract you have with the carrier handing COBRA for the district, the last 3 months of their bills and the PO created for the year."

In response to your request attached please find the following records consisting of 22 pages. Please be advised that confidential personal information has been redacted.

1. COBRA Services Agreement – P&A Administrative Services, Inc.
2. P&A Administrative Services, Inc. Cobra Fee Invoice for the Benefit Periods January, February, and March 2024.
3. P&A Administrative Services, Inc. Purchase Order 24-00760.

If your request for access to a government record has been denied or unfilled within the seven (7) business days required by law, you have a right to challenge the decision by the Wall Township Board of Education to deny access. At your option, you may either institute a proceeding in the Superior Court of New Jersey or file a complaint with the Government Records Council (GRC) by completing the Denial of Access Complaint Form. You may contact the GRC by toll-free telephone at 866-850-0511, by mail at P.O. Box 819, Trenton, NJ 08625, be-mail at grc@dca.state.nj.us, or at their web site at www.state.nj.us/grc. The GRC can also answer other questions about the law. All questions regarding complaints filed in Superior Court should be directed to the Court Clerk in your County.

Sincerely,

Brian J. Smyth
Custodian of Records

BJS/dc

COBRA SERVICES AGREEMENT

This COBRA Services Agreement (the "**Agreement**") made effective as of July 1, 2023 (the "**Effective Date**"), by and between **WALL TOWNSHIP BOARD OF EDUCATION**, 1620 18th Avenue, Wall, NJ 07719 (the "**Employer**"), and **P&A ADMINISTRATIVE SERVICES, INC.**, 17 Court Street, Suite 500, Buffalo, NY 14202-3294 ("**P&A**").

WITNESSETH:

WHEREAS, the Employer maintains several group health plans for the benefit of its eligible employees; and

WHEREAS, the Employer has various obligations and responsibilities under the federal legislation commonly referred to as "COBRA" with respect to the administration of its group health plans;

WHEREAS, the Employer desires to use P&A to assist the Employer in meeting its COBRA compliance responsibilities, and P&A desires to provide such services upon certain terms and conditions;

NOW, THEREFORE, in consideration of the mutual covenants and agreements contained herein and for other good and valuable consideration, receipt of which is hereby acknowledged, the parties hereto, with the intention of being legally bound hereby, covenant and agree as follows:

1. ***COBRA Administration.*** P&A agrees to assist the Employer in meeting its responsibilities under the COBRA law, which requires the Employer to offer continuation coverage to certain individuals who lose coverage under one or more group health plans of the Employer. P&A shall provide this assistance by providing those administrative services described in Section 2 of this Agreement with respect to those group health plans and coverage options listed on Schedule A (collectively referred to as the "**Plan**").

2. ***Services to be Provided By P&A.***

(a) Upon execution of this Agreement by the parties, P&A shall provide the following services:

(1) P&A shall make available to the Employer electronically or by another method that is mutually agreeable to the parties (i) a COBRA procedures manual, and (ii) forms for the Employer to use in providing information to P&A pursuant to subsections 3(b) and 3(c) of this Agreement;

(2) With respect to each former employee and other individual receiving COBRA continuation coverage under the Plan (a "**COBRA Continuant**") on the Effective Date, P&A shall receive by electronic download from the Employer, the information that P&A deems necessary

to discharge its responsibilities under this Agreement, including but not limited to name, address, Social Security number, plan information, coverage information (including information for covered dependents) and costs, and enter that information into P&A's administrative software system to create an electronic file with respect to the subject matter of this Agreement; and

(3) P&A shall send correspondence to each such COBRA Continuant explaining P&A's role in the COBRA administration of the Plan.

(b) Within ninety (90) days after an employee of the Employer first becomes covered by the Plan, P&A shall send by first class mail a notice addressed to the employee and to any spouse of the employee who also is covered by the Plan informing them of their rights and responsibilities under the COBRA law (an "**Initial COBRA Notice**").

(c) P&A shall review any notice stating that a Qualifying Event for COBRA purposes has occurred with respect to coverage under the Plan. For purposes of this Agreement, the term "Qualifying Event" shall have the meaning ascribed to it by Section 4980B(f)(3) of the Internal Revenue Code of 1986, as amended (the "**Code**") or any successor provision of law. If such notice is determined to have been timely provided and the occurrence of a Qualifying Event is confirmed, P&A shall provide the following services with respect to each of those individuals who has become entitled to COBRA continuation coverage as a result of that Qualifying Event (a "**Qualified Beneficiary**"):

(1) P&A shall mail to the attention of the Qualified Beneficiary a COBRA election package consisting of a notice notifying him or her that he or she has the right to elect to continue his or her Plan coverage on the terms described in the notice (a "**COBRA Election Notice**"); a form that may be used to elect continuation coverage; and any enrollment forms that must be completed to satisfy the requirements of any insurance company, Health Maintenance Organization or other entity that will provide elected COBRA coverage (a "**Coverage Provider**"). A third-party administrator for a self-insured plan or benefit option shall be deemed the Coverage Provider with respect thereto, and the Employer shall be deemed the coverage Provider for a self-insured plan or benefit option that is self-administered by the Employer;

(2) If the Qualified Beneficiary elects COBRA continuation coverage by completing and returning the aforementioned election form and any applicable enrollment forms and timely pays his or her initial COBRA premium, P&A shall forward his or her enrollment form information to the Coverage Providers that will be providing the elected coverage;

(3) P&A shall send to the Qualified Beneficiary who has elected COBRA continuation coverage (a "**COBRA Continuant**"), a bill with respect to each month of the elected coverage, and shall send a second bill should the COBRA Continuant fail to timely pay the original bill by its stated due date. The billed amount shall be 102 percent of the "applicable premium" (one

hundred and ten (110%) percent with respect to coverage extended from 18 months to 29 months due to disability, unless a different percentage is mutually agreed upon by the parties) within the meaning of Section 4980B(f)(2)(C) of the Code;

(4) P&A shall forward 100% of the applicable premium to the Employer for payment to the Coverage Provider, accompanied by information that identifies the COBRA Continuant, the amount of his or her premium and the coverage period to which the premium payment relates. The amount by which a premium payment exceeds the applicable premium (typically, two (2%) percent of the applicable premium) shall be retained by P&A as additional compensation for its services hereunder;

(5) Should the COBRA Continuant fail to make any periodic premium payment by the end of the applicable grace period, P&A shall notify the Coverage Provider that the COBRA Continuant's coverage is to be canceled due to the non-payment of premiums;

(6) P&A shall receive and review any request by a COBRA Continuant to extend the period of his or her COBRA continuation coverage on account of a determination of disability by the Social Security Administration or the occurrence of a second Qualifying Event;

(7) If it determines that a COBRA Continuant's request to extend the period of his or her COBRA continuation coverage should be granted, P&A shall so notify the Coverage Providers who have been providing COBRA coverage;

(8) P&A shall notify the COBRA Continuant should a Coverage Provider modify his or her COBRA coverage in any material respect;

(9) At the Employer's request, P&A shall coordinate with the Employer regarding open enrollments occurring during the term of the COBRA Continuant's COBRA coverage and shall forward to the appropriate Coverage Provider information describing any change in coverage elected by the COBRA Continuant during open enrollment;

(10) Using information contained in its electronic file regarding the COBRA Continuant, P&A shall determine the date as of which his or her COBRA continuation coverage is due to cease; and

(11) Should it determine that the COBRA continuation coverage of the COBRA Continuant is to be prematurely terminated due to the non-payment of premiums, the commencement of coverage under another group health plan or Medicare or other circumstances prescribed by the COBRA law, P&A shall notify him or her in writing to that effect;

(12) Prior to the termination of a COBRA Continuant's continuation coverage, P&A shall provide him or her with a notice describing any rights that he or she may have to obtain coverage under a "conversion health plan" within the meaning of Section 4980B(f)(2)(E) of the Code.

(d) With respect to any individual who is a COBRA Continuant on the date this Agreement first becomes effective, P&A shall provide all of the services described in paragraphs "3" through "12" of subsection (c) above.

(e) If, after it reviews a notification that a Qualifying Event has occurred or that a disability determination has been received, P&A determines that there is no right to COBRA continuation coverage or to an extension of COBRA continuation coverage based on that notification, it shall provide written notice to the affected individuals that COBRA coverage is not available.

(f) Should the law of any State or Commonwealth require that continuation coverage be made available for a period extending beyond the maximum coverage period specified in COBRA, P&A agrees to provide the following additional services on written request:

(1) P&A shall customize the COBRA Election Notice provided to a COBRA Continuant to inform him or her of the right to the extended coverage period.

(2) P&A shall program in its administrative software system data reflecting the extended coverage period.

(3) P&A shall track in its administrative software system all dates that become relevant to the provision of continuation coverage due to the extended coverage period.

(4) P&A shall provide to each COBRA Continuant whose federally-mandated continuation coverage is due to expire a reminder that he or she has the right to further continuation coverage under state law and shall identify the plan benefits to which such extension rights apply.

(g) P&A shall provide to the Employer and to Qualified Beneficiaries reasonable access to P&A employees who are familiar with the Plan through a toll-free telephone number and "Live Chat" texting during the regular business hours of P&A and voicemail for after-hours calls.

(h) Once per month, P&A shall provide to the Employer a "Remittance Report" summarizing its administrative activities during the preceding month, including the names of each of the Plan's COBRA Continuants during that month, the premium amounts paid by each for coverage during that month and the types of coverage he or she received during that month.

3. *Employer Responsibilities.*

(a) As soon as is practicable after this Agreement is signed, the Employer shall obtain from each insurance company, Health Maintenance Organization or other entity that is providing coverage under the Plan (a **"Coverage Provider"**) authorization for P&A to communicate with it directly regarding the subject matter of this Agreement.

(b) The Employer shall notify P&A as soon as possible, but not later than thirty (30) days,

following the occurrence of any of the following events:

(1) the commencement of coverage for any person under the Plan;

(2) the death of a covered employee;

(3) the termination (other than by reason of gross misconduct) or reduction of hours of a covered employee's employment;

(4) a covered employee becoming entitled to Medicare benefits under title XVIII of the Social Security Act;

(5) a proceeding regarding the Employer's bankruptcy under title 11 of the United States Code that affects the benefits of a retired employee or his spouse or dependents of the Employer; or

(6) in accordance with any change in a law or regulation requiring group health plan continuation coverage after the date of this Agreement, any other event the occurrence of which requires notification by an Employer to a plan administrator, but only after P&A advises the Employer of such change.

Such notification shall be made by electronic transmission via P&A's web portal, fax or U.S. mail, using forms provided by P&A for this purpose.

(c) The Employer shall notify P&A as soon as possible, but not later than five (5) days after the Employer is notified by an employee, spouse or dependent of following the occurrence of any of the following events:

(1) The divorce of the employee from the employee's spouse (or their legal separation, but only if such event causes the spouse to lose his or her coverage under the terms of the Plan); or

(2) A dependent child ceasing to be a dependent child under the requirements of the Plan.

Such notification shall be made by electronic transmission, using forms provided by P&A for this purpose.

(d) The Employer shall review each Remittance Report generated by P&A pursuant to Section 2(h) and shall notify P&A within thirty (30) days after the report was sent or made available to the Employer of any errors or omissions in the report. Instructions for verifying the accuracy of P&A's Remittance Reports are appended hereto as Exhibit 1.

(e) Should the Employer desire to engage P&A to provide the state law continuation services described at Section 2(f) above, not less than thirty (30) days before such services are to commence, the Employer shall provide P&A with the identity of the state involved; the types of health plan coverage to which the extension applies (e.g., just group health insurance); the length of the extension period;

and any other information that is germane to administering the extension period coverage.

(f) The Employer shall promptly and accurately furnish to P&A such other information as P&A reasonably deems necessary or appropriate for the discharge of its responsibilities hereunder.

(g) Should P&A modify in any way the standard format of any of its written materials used in connection with the provision of its professional COBRA administration services, the Employer agrees to use exclusively the modified version of the materials as soon as P&A provides them to the Employer.

(h) Should the group health plans or coverage options listed on Schedule A include a health flexible spending account under a cafeteria plan in accordance with Code Section 125 and the regulations (proposed or final) thereunder (a **"health FSA"**) with respect to which P&A is not the claims administrator, the Employer (or an agent of the Employer other than P&A) shall be responsible for determining whether any person who has sustained a loss of coverage under that health FSA must be offered the opportunity to continue that coverage based on Income Tax Regulation Section 54.4980B-2, Q&A-8 (or any successor regulations or rules pertaining thereto) and, if so, for advising P&A of the applicable premium for same.

(i) Should any of the group health plans or coverage options listed on Schedule A include a "self-insured medical expense reimbursement plan" as defined in Code Section 105(h) with respect to which P&A is not the claims administrator, (other than a health FSA that is part of a cafeteria plan), the Employer (or an agent of the Employer other than P &A) shall be responsible for advising P&A of the applicable premium for continuation coverage under that self-insured medical expense reimbursement plan.

(j) Should the Employer become a party to any collective bargaining agreement containing any provision that refers to or impacts, either directly or indirectly, the manner in which COBRA is to be provided to any employee who is a member of the collective bargaining unit that is a party to the agreement or his or her spouse or dependents, the Employer shall provide P&A with a complete copy of the pertinent contract language not less than thirty (30) days before the effective date of that collective bargaining agreement.

(k) The Employer warrants and represents to P&A that the list of group health plans and of the coverage providers under each such plan is complete and accurate as of the date of this Agreement. Should the Employer, during the term of this Agreement, establish any new group health plan or add any coverage provider to any of its current group health plans, the Employer agrees to notify P&A in writing of same within seven (7) days thereafter. The Employer hereby acknowledges its understanding that P&A cannot assure the Employer's compliance with COBRA without having, at all times, complete and accurate information as to the group health plans and coverage options of the Employer.

4. *Compensation.*

(a) As compensation for the services rendered hereunder, the Employer agrees to pay P&A fees in accordance with the fee schedule set forth at Schedule B hereto. P&A may modify this fee schedule as of the beginning of any Contract Year commencing after the Effective Date. For purposes of this Agreement, the term "Contract Year" means the period beginning on the Effective Date and ending one year later and each subsequent one-year period beginning on an anniversary of the Effective Date. P&A shall notify the Employer in writing of any modification to the fee schedule not less than ninety (90) days before the beginning of the Contract Year in which the modification is to become effective.

(b) Should the Employer fail to timely provide P&A with any notification required under subsection 3(d) above, P&A shall be entitled to additional compensation for billing or enrollment adjustments that must be made on account of that failure, with such additional compensation amount equal to $10.00 per affected COBRA Continuant.

(c) Should the Employer request in writing any services or materials that are in addition to the services described in Section 2, P&A shall be entitled to such additional compensation from the requesting party as is mutually agreed upon in writing by the requesting party and P&A.

5. *Limitation on P&A's Obligations.* P&A shall have no obligation under this Agreement or otherwise to verify the accuracy or completeness of any information furnished by the Employer to P&A. P&A shall not provide legal counsel or tax advice to the Employer, and any advice furnished by P&A to the Employer regarding any provision of any law providing for the continuation of group health coverage should not be relied upon by Employer prior to consulting with its own legal advisors. P&A shall not be responsible for any action or inaction regarding COBRA administration that occurred prior to the commencement of this Agreement, or that results from the Employer's failure to notify P&A on a timely basis regarding a qualifying event, or that occurs after the termination of the Agreement.

6. *Release and Indemnification.*

(a) P&A shall be liable for and shall protect, hold harmless and indemnify the Employer and its employees from and against all penalties, losses, damages, costs, expenses, attorney's fees and court costs suffered by the Employer or its employees resulting from a breach of this Agreement or from the negligence or other tortious conduct of P&A or any of P&A's employees arising out of the performance of its duties under this Agreement.

(b) The Employer shall be liable for and shall protect and hold harmless P&A and its employees from and against all penalties, losses, damages, costs, expenses, attorney's fees and court

costs suffered by P&A or its employees attributable to any breach by the Employer of its obligations, warranties or representations, including but not limited to incorrect and or incomplete information provided by the Employer or the unauthorized modification or misuse of forms provided to the Employer by P&A.

P&A and Employer agree that the provisions of this Section 6 shall survive the termination of this Agreement.

7. *Term and Termination.* The initial term of this Agreement shall be the Contract Year commencing on the Effective Date. Thereafter, this Agreement automatically shall be renewed for each additional Contract Years, unless one party to this Agreement gives the other party notice in writing of its desire to terminate the Agreement as of the end of a specified Contract Year not less than sixty (60) days prior to the end of that Contract Year. Notwithstanding the foregoing, this Agreement shall terminate (a) automatically if either party is adjudicated a bankrupt or suffers appointment of a temporary or permanent receiver, trustee or custodian for all or a substantial part of their assets, which shall not be discharged within thirty (30) days of appointment, or makes an assignment for the benefit of creditors, or (b) after written notice by one party of the other party's material breach of, or material failure to perform, its obligations hereunder unless such breach or failure is cured within ten (10) days of said notice. Any notice of breach must provide details regarding the nature of the other party's alleged breach, the specific obligation hereunder to which the alleged material breach relates, the date on which occurred and the identity of any personnel of the other party that were involved. Failure to provide such detail shall render said notice null and void for purposes of this Agreement.

Should the Employer cause the Agreement to be terminated for reasons other than those set forth in the preceding sentence, without the advance notice otherwise required hereunder, the Employer immediately shall become obligated to pay P&A as liquidated damages an amount equal to seventy-five percent of the fees that would have been due had the Agreement remained in effect for the period (i) commencing on the date next following the date on which the Agreement prematurely terminated or will be prematurely terminated, and (ii) ending on the earliest date as of which the Employer properly could have terminated the Agreement by giving the advance notice prescribed hereunder on the date the Employer first notified P&A in writing of the Employer's intention to terminate the Agreement. For purposes of calculating this liquidated damages amount, the fees due to P&A hereunder for services it provided in the month preceding the month within which P&A first was notified of the premature termination of the Agreement shall be the fees due for each month during the period described in the preceding sentence.

Upon any termination of this Agreement, the following fees shall apply:

(a) Should the Employer request that P&A provide it with any information regarding the services rendered under this Agreement that is not already available at P&A's web portal (e.g., the addresses or election status of individuals who were COBRA Continuants on the date the Agreement terminated), the Employer shall pay a fee of $500.00 to obtain such information.

(b) For each premium payment that P&A receives from a COBRA Continuant after the termination of the Agreement and forwards to another party for processing, the Employer shall pay P&A a fee of $5.00.

(c) For each COBRA election form that P&A receives from a Qualified Beneficiary after the termination of the Agreement and forwards to another party for processing, the Employer shall pay P&A a fee of $7.50.

8. Confidentiality.

Each party acknowledges that the information provided by the other hereunder is confidential and shall not be disclosed or disseminated without written consent. Furthermore, the Employer acknowledges that P&A's methods of doing business, and all its documents relating thereto, constitute trade secrets and know-how to which P&A retains exclusive proprietary rights.

9. ***HIPAA Compliance.*** The parties hereto acknowledge that they have entered into a separate Business Associate Agreement of even date herewith and agree that said Business Associate Agreement and all of the obligations and rights of the parties thereunder shall be incorporated herein by reference.

10. ***Binding Effect; Assignment.*** This Agreement shall inure to the benefit of and be binding upon the parties, their legal representatives, successors and assigns.

11. ***Integration.*** By their making of this Agreement, the parties hereto hereby acknowledge that this Agreement supersedes any previous understandings between them with respect to all matters contained herein and contains the entire understanding and agreement between them with respect to all matters contained herein and cannot be amended, modified or supplemented except by a subsequent written agreement entered into by both parties.

12. ***Enforcement.*** If any action at law or in equity (including arbitration) is necessary to enforce or interpret any one or more of the terms of this Agreement, the prevailing party shall be entitled to reasonable attorneys' fees, costs and necessary disbursements in addition to any other relief to which

such party may be entitled.

13. ***Notice.*** Any notice hereunder by a party shall be deemed to have been duly given three (3) business days after mailing, and, except as otherwise provided herein, shall be given by mailing in any post office or post office box maintained by the United States Postal Service, enclosed in a postage paid envelope, registered or certified mail, return receipt requested, addressed to the party to whom or which notice is intended to be given at such party's address as stated above or to such other address as each party shall specify in writing to the other.

14. ***Governing Law.*** This Agreement is made in and shall be construed pursuant to the laws of the State of New York.

15. ***Counterparts.*** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, and together shall constitute one and the same instrument.

(Remainder of page left intentionally blank)

IN WITNESS WHEREOF, the parties have entered into this Agreement as of the Effective Date.

WALL TOWNSHIP BOARD OF EDUCATION

By: Brian Smyth

Title: Business Administrator

P&A ADMINISTRATIVE SERVICES, INC.

By: Michael Rizzo

Title: President

SCHEDULE A

EMPLOYER'S GROUP HEALTH PLANS

HORIZON BCBS OF NJ – MEDICAL AND RX
METLIFE – VISION
DELTA DENTAL OF NJ – DENTAL
P&A GROUP - FSA

SCHEDULE B
FEES

1. ***INSTALLATION FEE.*** $250.00

2. ***SUPPLEMENTAL INSTALLATION FEES-STATE CONTINUATION COVERAGE.*** The Employer shall pay to P&A an installation fee of $125.00 for each state continuation law with respect to which the Employer requests (at any time while this Agreement remains in effect) the **optional** services describe at Section 2(f) above. This fee shall be due and payable within thirty (30) days after receipt by the Employer of P&A's invoice with respect to same.

3. ***NOTICE FEES.*** The Employer shall pay to P&A the following fees with respect to notices generated by P&A:

Initial COBRA Notices:	$11.00
COBRA Election Notices:	$22.00 per Notice
State Continuation Extension Coverage Reminder Notices:	$13.00 per Notice

P&A shall forward monthly invoices to the Employer for the notice fees due hereunder. Each such invoice shall be due and payable within thirty (30) days after receipt by the Employer. The Employer shall be obligated to pay aggregate notice fees of not less than $750.00 per Contract Year. Should aggregate notice fees for any Contract Year be less than $750.00, the aforesaid $750.00 minimum for any subsequent Plan Year shall be due and payable on the first day of that Contract Year. Any such payment shall be a credit against notice fees accruing during the remainder of the Contract Year.

4. ***MAILING EXPENSES.*** The Employer shall reimburse P&A for the cost of any mailing required under the Agreement the rate for which exceeds the first-class rate charged by the U.S. Post Office after P&A provides the Employer with proof of same.

5. ***PARTICIPANT FEES.*** An individual who has coverage under the Plan shall pay to P&A a fee of $25.00 should a check tendered by him or her in payment of a premium be returned on account of insufficient funds. Further, if an individual's COBRA coverage must be reinstated due to non-payment of premiums or other circumstances for which he or she is responsible, he or she shall pay P&A a reinstatement fee of $30.00.

Note: Should changes in applicable federal or state law or regulations make it necessary or advisable for services other than those enumerated in this Agreement to be rendered in connection with the administration of the Plan (e.g., a new type of notice is required to be provided to certain covered persons) and should the Employer desire to retain P&A to provide such additional services, the addition of such services to P&A's responsibilities shall require an amendment to this Agreement. P&A reserves the right to request an adjustment in its fees hereunder under such circumstances.

EXHIBIT 1

INSTRUCTIONS FOR REVIEW OF MONTHLY REMITTANCE REPORTS

P&A will forward a check to the Employer on a monthly basis representing the payments received to date and a remittance report for a defined benefit period. The report and check are sent to you between the 10th and 15th of the month for the prior month's activity. The remittance report is a tool to assist you in reconciling carrier bills against what P&A has in our system.

Steps to verify the accuracy of P&A reports versus insurance carrier invoices:

1. Obtain invoice or census from each insurance company on a monthly basis.

2. Compare each invoice to the Remittance Report provided by P&A. The Remittance Report will show anyone who has paid for the designated benefit period or prior if they are a new enrollee, for all benefits enrolled. Be sure to check the tier level and premium rate for each person. Differences in rates and tier levels will affect the remittance amount. It is important to notify your P&A administrator of differences as soon as possible.

   If the person is on the Remittance Report but not on the carrier invoice, they may be newly enrolled in COBRA coverage. In this instance you should see an adjustment on your next carrier invoice. You may confirm coverage with the carrier. If there is no adjustment on the next invoice and the carrier cannot confirm enrollment, please notify your P&A administrator immediately. In this situation, P&A has the person enrolled in COBRA but the insurance carrier does not.

   If a person has been on both the carrier invoice and the Remittance Report but is now no longer on the Remittance Report they may have failed to make a payment for the benefit period and may have been canceled by P&A. Depending on the timing of the cancelation notice from P&A to the carrier, a credit from the carrier may be due. You may confirm coverage with the carrier. If the person remains on the carrier invoice and remains off the Remittance Report, please contact your P&A administrator immediately. In this situation, P&A has canceled coverage and is no longer collecting premium, however, the insurance carrier still has the person enrolled and is continuing to bill.

3. Additional reports are available on HR Connect to help resolve any discrepancies. These reports include:

   Payment History – details of last 6 payments received.
   Payments by Benefit Period – details for a specific benefit period showing premium payments and dates received.
   Paid Through – details most recent premium payment received for COBRA member.
   Benefit Plan Listing – details COBRA members currently enrolled benefits.
   Transaction Report – provides all enrollments and terminations that occurred during a specified time frame.

Signature Certificate

Reference number: YCSIM-BYXQJ-PNYJX-TOGKY

Signer	Timestamp	Signature
Michelle Fabio Email: mfabio@wall.k12.nj.us		
Sent:	25 May 2023 20:48:11 UTC	
Viewed:	12 Jun 2023 12:54:18 UTC	
Signed:	12 Jun 2023 13:21:04 UTC	
Recipient Verification:		IP address: 24.38.26.130
✔Email verified	12 Jun 2023 12:54:18 UTC	Location: Belmar, United States
Michael Rizzo Email: rizzom@padmin.com		
Sent:	25 May 2023 20:48:11 UTC	
Viewed:	12 Jun 2023 15:14:53 UTC	
Signed:	12 Jun 2023 15:15:24 UTC	
Recipient Verification:		IP address: 72.231.182.151
✔Email verified	12 Jun 2023 15:14:53 UTC	Location: Lancaster, United States

Document completed by all parties on:
12 Jun 2023 15:15:24 UTC

Signed with PandaDoc

PandaDoc is a document workflow and certified eSignature solution trusted by 40,000+ companies worldwide.

COBRA FEE INVOICE

Wall Township Board of Education
PO Box 1199
Wall, NJ 07719

Invoice Date: 02/01/2024
Invoice Number: 3689697
Benefit Period: Jan 2024
Due Date: 02/11/2024
Customer #: 4279
PO #:

Invoice Summary:

Prior Due Balance:	$0.00
Beginning Credit on Account Amount:	$939.00
Ending Credit on Account Amount:	$642.00

Item	Qty	Cost	Fee Total
QE Notice	13	$22.00	$286.00
Initial Notice	1	$11.00	$11.00
		Current Fees and Adjustments:	$297.00
		Credit Applied	($297.00)
		Total Amount Due:	**$0.00**

Invoice Notes:

For a more convenient option to pay we offer automatic ACH Debit please contact COBRA@padmin.com for more details.

COBRA FEE INVOICE

Wall Township Board of Education
PO Box 1199
Wall, NJ 07719

Invoice Date: 02/01/2024
Invoice Number: 3689697
Benefit Period: Jan 2024
Due Date: 02/11/2024
Customer #: 4279
PO #:

Invoice Details:

	Location	Member ID	Last Name	First Name	Relationship	Print Date
QE Notice	[redacted]					
INITIAL						

If you have any questions regarding this invoice, please contact your COBRA administrator or send us an email to xxxxx@xxxxxx.xxx.

COBRA FEE INVOICE

Wall Township Board of Education
PO Box 1199
Wall, NJ 07719

Invoice Date: 03/01/2024
Invoice Number: 3709912
Benefit Period: Feb 2024
Due Date: 03/11/2024
Customer #: 4279
PO #:

Invoice Summary:

Prior Due Balance:	$0.00
Beginning Credit on Account Amount:	$642.00
Ending Credit on Account Amount:	$466.00

Item	Qty	Cost	Fee Total
QE Notice	4	$22.00	$88.00
Initial Notice	8	$11.00	$88.00
		Current Fees and Adjustments:	$176.00
		Credit Applied	($176.00)
		Total Amount Due:	**$0.00**

Invoice Notes:

For a more convenient option to pay we offer automatic ACH Debit please contact COBRA@padmin.com for more details.

COBRA FEE INVOICE

Wall Township Board of Education
PO Box 1199
Wall, NJ 07719

Invoice Date: 03/01/2024
Invoice Number: 3709912
Benefit Period: Feb 2024
Due Date: 03/11/2024
Customer #: 4279
PO #:

Invoice Details:

	Location	Member ID	Last Name	First Name	Relationship	Print Date
QE Notice	[redacted]					
INITIAL						

If you have any questions regarding this invoice, please contact your COBRA administrator or send us an email to xxxxx@xxxxxx.xxx.

COBRA FEE INVOICE

Wall Township Board of Education
PO Box 1199
Wall, NJ 07719

Invoice Date: 04/01/2024
Invoice Number: 3733268
Benefit Period: Mar 2024
Due Date: 04/11/2024
Customer #: 4279
PO #:

Invoice Summary:

Prior Due Balance:	$0.00
Beginning Credit on Account Amount:	$466.00
Ending Credit on Account Amount:	$378.00

Item	Qty	Cost	Fee Total
QE Notice	3	$22.00	$66.00
Initial Notice	2	$11.00	$22.00
		Current Fees and Adjustments:	$88.00
		Credit Applied	($88.00)
		Total Amount Due:	**$0.00**

Invoice Notes:

For a more convenient option to pay we offer automatic ACH Debit please contact COBRA@padmin.com for more details.

COBRA FEE INVOICE

Wall Township Board of Education
PO Box 1199
Wall, NJ 07719

Invoice Date: 04/01/2024
Invoice Number: 3733268
Benefit Period: Mar 2024
Due Date: 04/11/2024
Customer #: 4279
PO #:

Invoice Details:

	Location	Member ID	Last Name	First Name	Relationship	Print Date
QE Notice	[redacted]					
INITIAL						

If you have any questions regarding this invoice, please contact your COBRA administrator or send us an email to xxxxx@xxxxxx.xxx.

PURCHASE ORDER

WALL TOWNSHIP
BOARD OF EDUCATION

P.O. BOX #1199
WALL, NEW JERSEY 07719
TELEPHONE (732) 556-2021 • FAX (732) 556-2102
AS A POLITICAL SUBDIVISION OF THE STATE OF NEW JERSEY, WE ARE
TAX EXEMPT

VENDOR NO. 296668

BUDGET YEAR 2023->2024

PURCHASE ORDER NUMBER
24-00760
THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES AND CORRESPONDENCE.

DATE: 07/31/2023

VENDOR:

P&A ADMINISTRATIVE SERVICES
17 COURT STREET
SUITE 500
BUFFALO, NY 14202

SHIP TO:

Attn To : BRIAN SMYTH
ADMINISTRATION
WALL BRD OF EDUCATION
1620 18TH AVE BLDG A
WALL, NJ 07719

CONTROL NUMBER	ORDER DESCRIPTION	
Open Market		

QUANTITY ORDERED	CATALOG / UNIT	ITEM DESCRIPTION / ACCOUNT NUMBER	UNIT PRICE	EXTENSION
1	Each	2023-2024 COBRA ADMINISTRATION	3,800.00	3,800.00
		BUDGETED ITEM		$3,800.00
		7230 / 11-000-291-270-001 ($3,800.00)		
		7368/11-000-291-270-001- ($3,800.00)		

STATE CONTRACT # EXP: N/A RECEIVED BY

NOTICE TO VENDOR OR CONTRACTOR

1. SHIPPING STATEMENT OR BILL OF LADING MUST ACCOMPANY DELIVERY OF MATERIALS.
2. NO CHARGES OTHER THAN THOSE SPECIFIED WILL BE ALLOWED.
3. INVOICES, ON FORMS PROVIDED BY THE BOARD OF EDUCATION MUST BE FORWARDED TO THE SECRETARY.
4. PLEASE SUBMIT INVOICE AS SOON AS ORDER IS COMPLETED.
5. CHEMICALS MUST BE LABELED ACCORDING TO THE RIGHT TO KNOW LEGISLATION.
6. IMPORTANT - PLEASE NOTIFY US IMMEDIATELY IF YOU ARE UNABLE TO SHIP COMPLETE ORDER BY DATE SPECIFIED.

ORDER INVALID UNLESS SIGNED BY SECRETARY OF BOARD OF EDUCATION

BUSINESS ADMINISTRATOR

ALL INVOICING TO: PO BOX 1199, WALL, NJ 07719

SCHOOL'S COPY

MGL PRINTING SOLUTIONS 908-665-1999 W006-03 Q