



**BlueCross BlueShield  
of Florida**

An Independent Licensee of the  
Blue Cross and Blue Shield Association

Dear Administrator:

As a service to our clients, Blue Cross Blue Shield of Florida, in conjunction with Ceridian COBRA Continuation Services, is pleased to provide a service that will make your administration of COBRA easier. Ceridian will provide eligible employers with COBRA compliance systems and procedures designed to make the complicated task of COBRA administration as simple as possible. It is offered at no charge to you, the employer, for employees who are Qualified Beneficiaries.

Please take a few moments to read the accompanying implementation kit carefully. It explains the steps you must follow to comply with COBRA (the Consolidated Omnibus Budget Reconciliation Act) and how Ceridian will handle many of these compliance requirements for you.

If you have an immediate question, please call Ceridian toll-free at 800-377-4990, press "2", and a Client Services Representative will assist you.

Cordially,

Manager  
Group Membership & Billing

# Welcome to Ceridian COBRA Continuation Services

Managed human resource solutions that maximize the value of people



*focus on  
critical  
functions*



# Ceridian COBRA Continuation Services

## Welcome to Ceridian COBRA Continuation Services

Dear Ceridian COBRA Continuation Services Customer:

Welcome to Ceridian COBRA Continuation Services — the nation's largest COBRA compliance service. By choosing us, you have chosen not just our expertise in COBRA administration, but also to let us handle the details for you, allowing you to focus on your most pressing business requirements.

Members of our implementation team will be contacting you. They will review the materials in this "Welcome to Ceridian COBRA Continuation Services" section, and the section entitled "Ceridian COBRA Continuation Services Forms," and discuss how Ceridian can best meet your needs. Our team will show you just how well they know COBRA — and will share their knowledge with you as Ceridian assumes the task of managing your compliance program.

Ceridian does it all, from assuming administration of your COBRA continuants, to performing future billing and adjudication of eligibility, to collecting and processing all related transactions.

With Ceridian, your role is reduced to responding to 3 situations:

- 1 When individuals first become covered under your plan;
- 2 When an individual experiences a COBRA Qualifying Event;
- 3 If you receive a report of COBRA activity that requires response.

In this document, you will find information concerning:

- What Ceridian Does
- What the Employer Does
- Reports and Updating Your Carrier
- COBRA Compliance Requirements
- COBRA Compliant Forms

*make informed  
decisions  
free to grow  
empower your  
employees*





# Ceridian COBRA Continuation Services

What Ceridian COBRA Continuation Services Does  
Elections, Billing, Reporting, Additional Services

## Elections

- Ceridian Customer Service Representatives (CSRs) respond to all inquiries from Qualified Beneficiaries. Our CSRs respond to employer questions through a toll-free help "Hotline."
- Ceridian provides a toll-free hotline to continuants 24 hours-a-day, 365 days a year for premium inquiries.
- Qualified Beneficiaries can elect COBRA by phone via the IVR system; on our Website using Elect By Net; or on paper with a COBRA Election Form.
- Ceridian determines whether the elections COBRA Services receives were made within the allowable 60-day period.
- Ceridian offers special status reports to employers.

## Billing

- Ceridian administers the initial 45-day and ongoing 30-day grace periods.
- Each month, Ceridian sends each continuant a detailed bill with a payment envelope enclosed, and a question regarding ongoing continuant eligibility.
- Ceridian sends grace letters to those who don't pay within eight days of the grace expiration date.
- Ceridian determines any late premium payments. Partial payments cannot be accepted.
- Ceridian follows up on dishonored checks.
- Ceridian sends cancellation notices to those who do not pay their premiums within the grace period.
- If you have active continuants, you will receive a monthly consolidated premium check representing premiums collected from COBRA continuants, less the 2% administrative fee paid by the continuant. Accompanying reports will indicate actions to be taken, if any.



# Ceridian COBRA Continuation Services

## What Ceridian COBRA Continuation Services Does (continued) Elections, Billing, Reporting, Additional Services

### Additional Services

Ceridian also provides the following additional services:

- employs two different ERISA law firms to help keep your plan in compliance and to stay up-to-date on court cases affecting COBRA. Ceridian COBRA Continuation Services forms are updated as the law changes;
- utilizes a Research Department to stay current on compliance changes and trends through subscriptions to industry publications, legislative bulletins and legal update services;
- sends date of maximum COBRA coverage notice, including conversion language, where appropriate, in the last 180 days before COBRA expires;
- accepts calls from providers, hospital or HMOs regarding coverages/eligibility;
- handles multiple Qualifying Events (for example, termination of employment followed by divorce);
- provides additional forms and Rate Reports, if needed;
- Ceridian archives critical documents and materials for seven years in a professional archiving facility, to resolve potential disputes.

### What the Employer Does

#### Notifications

- If you are using our New Employee Notification or Total Population services, Ceridian will send the General Notice of COBRA Rights to your employees and their dependents. If you are not using these services, you must send these notices by First Class Mail to their last known home address. This notice must be addressed to the employee and spouse, if covered under the plan.
- When a Qualifying Event occurs, a Qualifying Event Notification must be sent to the Qualified Beneficiary(ies) by First-Class Mail to the last-known home address. The employer must notify the Ceridian COBRA Services Center about the Qualifying Event.
- Ceridian generates various reports to keep you apprised of COBRA-related activities involving Qualified Beneficiaries. Your role is to review the information and take any action that may be indicated.

*maintain  
compliance*



# Ceridian COBRA Continuation Services

## WebQE Internet Access to Qualified Beneficiary and Continuant Information for Ceridian Clients

Internet access to the Ceridian COBRA Continuation Services system is available, providing you with instant access to your Qualified Beneficiaries' data, along with the ability to submit the following information:

- COBRA takeovers
- COBRA Qualifying Events
- General Notice of COBRA Rights information (if applicable)
- HIPAA information (if applicable).

## Requirements for WebQE

- Internet service using Microsoft Explorer 5.0 and above
- Windows 98, NT, 2000, 2001 on Pentium 200 or above computer
- Recommended computer RAM of 64 megabytes or more
- 56k modem or faster connection (ie, cable modem, DSL, T1 line).

## What You Will Find

**General Information:** Current date of the information, Qualifying Event date, employment status, gender, date of birth, company division and unit, Qualified Beneficiaries address, date COBRA eligibility began, date COBRA eligibility ends, first COBRA payment date, and paid-through date.

**Billing and Payment Information:** Date the last payment was received, last payment amount, next premium due date, amount of the premium, credits (if any), amount due, and grace period ending date.

**Coverage Summary:** Insurance carrier code, plan name, family status (beneficiary/dependents), group number, coverage begin date, coverage end date. Dependent information includes: Name, Social Security number, date of birth, gender, relation to beneficiary, coverage begin date, and coverage stop date.

## Questions?

Call (800) 469-0429

to obtain assistance and technical support

# Ceridian COBRA Continuation Services

## What To Do With Reports Participant Update, Monthly Participant Status, Premium Distribution Reports

### Reports/Carrier Updating

Ceridian will send reports to you concerning

- COBRA continuants electing COBRA and paying the first premium;
- dependents being added or dropped;
- continuants being cancelled.

**Your role is to review these reports, and report the addition, termination or dependent change to the appropriate carrier(s).**

### Description of the Reports

- *Participant Update Reports* or *Eligibility Reports* (if applicable), are generated by Ceridian and sent to the employer providing detail of continuants who make the initial COBRA premium payment, cancellations, or change of their dependents' status. These reports are sent on a daily or weekly basis and provide the carrier(s) with the information needed to update participants.
- Once a month, the employer receives the *Monthly Participant Status Report* from Ceridian and a *Premium Distribution Report* summarizing all activity for the previous month and a consolidated check for the premiums collected, less the 2% administrative fee paid by the continuant.

The next three pages provide some sample reports.

get information...  
faster  
feel good  
focus on what's ahead







# Ceridian COBRA Continuation Services

## Participant Update Report Sample Report

(Provided immediately upon election with payment, cancellation,  
reinstatement or addition/deletion of dependents)

### Ceridian COBRA Continuation Services

#### PARTICIPANT UPDATE

Date: March 1, 2001

### IMPORTANT: NOTIFY CARRIER OF THIS CHANGE IMMEDIATELY

TO: Ms. Jane Sample  
ABC Company  
321 Anystreet  
Yourtown, US 00000

RE: Sample, Joe  
123 Your Street  
Anytown, US 00000

#### ACTION: NEW ELECTION W/PAYMENT

First day of COBRA continuation coverage is 01/13/01.

Please add Qualified Beneficiary to plan and notify carrier of addition.

Soc Sec Number :	111-22-3333		
Employee Number:	44444	Division Code :	AP
Relationship :	EMP	QE Date :	01/12/01
Employee SSN :	111-22-3333	Ben Term Date :	01/12/01
Sex :	F	Election Date :	02/28/01
Date of Birth :	07/05/59	First Paid Date:	03/01/01
Reason for QE :	LAY OFF		

#### CONTINUANT COVERAGE(S)

*Cov	Carr			
Typ	Code	Carrier Name	Option	Status
				Group Number
M	2M03	ABCE MANAGED CARE	2	Employee
D	2D01	ABC DENTAL	2	Employee

# SAMPLE

\* M=Medical; D=Dental; V=Vision; H=Hearing; P=Prescription; O=Other; S=Same as Continuant;  
W=Spon Dep.; X=Class II Dep. Sequence #: 00043 - C0600100





# Ceridian COBRA Continuation Services

## Participant Status Sample Report (Provided monthly)

02/08/01

ABC Company Acct: 111111111

Page 1

## CERIDIAN COBRA CONTINUATION SERVICES PARTICIPANT STATUS REPORT

Reporting for the period of  
01/01/01 To 01/31/01

GREEN CROSS/GREEN SHIELD MI (GCM1)

ACTION REQUIRED SECTION

PARTICIPANT'S NAME:	SSN	ESSN	DATE OF BIRTH	SEX	REL	TYPE	COVG	BEN CLASS	FAM OPT	STAT	QE DATE	BEN TERM DATE	COBRA ELIG STARTS	COBRA ELIG ENDS	PAID THRU	GRACE ENDING	CURRENT STATUS
---------------------	-----	------	------------------	-----	-----	------	------	--------------	------------	------	------------	---------------------	-------------------------	-----------------------	--------------	-----------------	-------------------

## Cancellations

SAMPLE, CATHERINE 123 Your Street Anytown, US 00000	000-00-0000		06/25/52	F	EMP	M				B	3	1	06/30/00	06/30/00	07/01/00	12/30/01	12/31/00	01/31/01	Cancel
--- DEPENDENT'S NAME	--- SSN		Coverage End Date: 12/31/00	Coverage terminated by request															
SAMPLE, BARRY	000-00-0000		12/23/51	M	SPO	07/01/00	12/31/00												
SAMPLE, NICHOLAS	000-00-0000		10/24/80	M	SON	07/01/00	12/31/00												
SAMPLE, SARAH	000-00-0000		03/20/83	F	DAU	07/01/00	12/31/00												
SAMPLE, COLLEEN	000-00-0000		05/02/89	F	DAU	07/01/00	12/31/00												

SAMPLE

02/08/01

ABC Company Acct: 111111111

Page 4

## CERIDIAN COBRA CONTINUATION SERVICES PARTICIPANT STATUS REPORT

Reporting for the period of  
01/01/01 TO 01/31/01INFORMATION ONLY  
NO ACTION REQUIRED

Participant's Name:	SSN	QE Date	Ben Term Date	Notice Sent Date	Election Period Expires
---------------------	-----	------------	---------------------	------------------------	-------------------------------

## Waiting for Election

SAMPLE, JANICE	000-00-0000	01/21/01	01/31/01	02/03/01	04/03/01
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## New Elections W/O Payment

SAMPLE, MARIE	000-00-0000	12/10/00	12/31/00	12/16/00	02/29/01
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## COBRA rights expired

SAMPLE, WINIFRED	000-00-0000	10/31/00	10/31/00	10/27/00	12/30/00
SAMPLE, MICHAEL	000-00-0000	10/31/00	10/31/00	10/27/00	12/30/00
SAMPLE, SHARITA	000-00-0000	10/30/00	10/30/00	11/30/00	01/29/01
SAMPLE, FRANCES	000-00-0000	10/31/00	10/31/00	10/27/00	12/30/00
SAMPLE, MICHELLE	000-00-0000	10/27/00	10/31/00	11/15/00	01/14/01
SAMPLE, EDWIN	000-00-0000	10/31/00	10/31/00	11/02/00	01/01/01
SAMPLE, BRIAN	000-00-0000	10/31/00	10/31/00	10/27/00	12/30/00
SAMPLE, KRISTY	000-00-0000	10/31/00	10/31/00	10/27/00	12/30/00

## New Hire Notices Sent

SAMPLE, DARNELL	000-00-0000	01/14/01
SAMPLE, LORI	000-00-0000	01/14/01
SAMPLE, KRISTEN	000-00-0000	01/14/01
SAMPLE, DAVID	000-00-0000	01/14/01
SAMPLE, DONALD	000-00-0000	01/14/01
SAMPLE, PAUL	000-00-0000	01/14/01
SAMPLE, JACK	000-00-0000	01/14/01
SAMPLE, STEFANI	000-00-0000	01/14/01
SAMPLE, JASON	000-00-0000	01/14/01
SAMPLE, LASONYA	000-00-0000	01/14/01
SAMPLE, JAMES	000-00-0000	01/14/01
SAMPLE, JENNIFER	000-00-0000	01/14/01

SAMPLE



# Ceridian COBRA Continuation Services

## Premium Distribution Sample Report (Provided monthly)

02/08/01 Ceridian COBRA Continuation Services Page 1

PREMIUM DISTRIBUTION REPORT AS OF: January 31, 2001

Company: ABC Company Account: 11111111

Participant Information:	SSN	EMPLOYEE NUMBER	ESSN	PERIOD OF COVERAGE - FROM - - - - - TO - -	TYPE OF COVERAGE	PAID TO PROVIDER	PAID TO CLIENT
<b>ABC DENTAL PLAN</b>							
SAMPLE, PHILLIP	000-00-0000			01/01/01 01/31/01	Dental	0.00	22.00
Provider Total						0.00	22.00
Participant by status code.				Count	Month(s)		
Dental Employee /Individual				1	1		
<b>GENERALCARE</b>							
SAMPLE, PHILLIP	000-00-0000			01/01/01 01/31/01	Medical	0.00	153.39
Provider Total						0.00	153.39
Participant by status code.				Count	Month(s)		
Medical Employee /Individual				1	1		
Unit Total						0.00	175.39
Division Total						0.00	175.39
Company Total						0.00	175.39
Total Participants by status code.				Count	Month(s)		
Medical Employee /Individual				1	1		
Dental Employee /Individual				1	1		
Total Monies Paid to Client						:	175.39

## SAMPLE MONTHLY PREMIUM REIMBURSEMENT

CERIDIAN COBRA CONTINUATION SERVICES  
DISBURSEMENT ACCOUNT  
3201 34TH Street South  
St. Petersburg, Florida 33711

999999

CHECK DATE	CONTROL #	CHECK AMOUNT
8/31/98	999999	\$4,550.00

VOID AFTER 60 DAYS

PAY FOUR THOUSAND FIVE HUNDRED FIFTY AND 00/100

TO THE ORDER OF ACME WIDGET CORPORATION  
111 MAIN STREET  
ANYTOWN, USA 00000



## Ceridian COBRA Continuation Services

### Who has to Comply?

Every employer (except "church groups") who maintains a group health insurance plan, and who employs 20 or more full- and/or part-time employees during 50% of the business days in the preceding calendar year or as further defined under the 2001 Final COBRA Regulations.

### Notification of Rights

1. The employer or the plan administrator must notify every employee and every covered spouse of all of their rights under COBRA within 90 days of when they first become covered under the group health plan. Separate notices must be sent if separate residences are maintained. This applies to all current and future employees and covered spouses.

2. Each time a Qualifying Event occurs, the employer must, within 14 days of notification to the Plan Administrator, notify each Qualified Beneficiary of his/her continuation rights, benefits and premium rates for the plan(s) in which they're eligible.

For either kind of notification, good faith compliance has been defined as First-Class Mail, addressed to both the employee and spouse and sent to the last known home address. If covered dependents live at a separate address, separate notifications must be sent.

### Election Rights

When a Qualifying Event causes loss of coverage, the employer must allow continued coverage under the group health plan for up to 18 months in the case of termination of employment or reduction in hours, or up to 36 months for a dependent Qualifying Event. A second Qualifying Event that causes a loss of coverage under the group health plan for a dependent occurring during the 18-month coverage period of the first Qualifying Event expands the original period to 36 months.

### What is a Qualifying Event?

Any of the following events causing a loss of coverage by a Qualified Beneficiary under the plan:

1. Termination (other than for gross misconduct) of the employee's employment, for any reason (layoff, resignation, retirement, etc.);
2. Reduction of hours worked by employee;
3. Death of the employee;
4. Divorce or legal separation;
5. Dependent child ceasing to meet eligibility requirements;
6. Dependent coverage is lost because the

active employee (or COBRA continuant) becomes entitled to Medicare.

7. Retiree or retiree's spouse or child loses coverage within one year before or after the commencement of proceedings under Title 11 (bankruptcy), United States Code of the sponsoring employer.

### Who is a Qualified Beneficiary?

Any employee, spouse or dependent child who was covered on the day before the Qualifying Event and who would otherwise lose coverage under the plan because of the Qualifying Event. This definition also includes a child born to or placed for adoption with a covered employee during the period of COBRA coverage.

### Election Timeframe

Qualified Beneficiaries are allowed to buy continuation coverage retroactive to the benefit termination date. They are entitled to make this election within 60 days of the date of the notification of their rights or the date that benefits would terminate, whichever is later. If they decline, they may change their minds and elect — if they are still within the 60-day election period.

### Choices of Coverage

Each Qualified Beneficiary must be allowed to make an independent election. For example, if the plan contains medical and dental coverage, the employee may decline coverage, the spouse may elect medical only, and the child may elect medical and dental.

### Dependents

You must allow "branching" of coverage. If a continuant elects family coverage, his or her dependent(s) are allowed to continue benefits if/when they would otherwise cease to be eligible under the contract as dependents during the 18-36-month continuation period.

Qualified Beneficiaries other than the covered employee may continue coverage for up to 36 months from the date of the covered employee's Medicare entitlement, if the covered employee becomes entitled to Medicare and, within 18 months thereafter, has a Qualifying Event.

You must allow continuants to add dependents if the dependents meet the special enrollment rules under the Health Insurance Portability and Accountability Act (HIPAA) or if the continuants acquire any new dependents after their Qualifying Event — if such a right applies to similarly situated active employees.

## COBRA Compliance Requirements

### Ongoing Administration

You must allow continuants to change benefits annually if the option is available to active employees (i.e., flexible benefits plans/HMO dual option plans). Open Enrollment periods must be allowed for continuants on the same basis as for active employees. Continuants must be offered a conversion privilege at the end of the 18- or 36-month period, if one is available to active employees.

You must allow existing COBRA continuants to continue coverage as long as they meet the eligibility requirements, even if your group size fails below 20 full-time and/or part-time employees.

### Payments

The employer or plan administrator must allow continuants to pay their first premium within 45 days of the date they elect coverage, if coverage is elected within the 60-day election period. You may not require any premium payment until 45 days from the date of election. You must allow a grace period of not less than 30 days for the payment of all subsequent premiums.

### Disability Extension

A Qualified Beneficiary's (and that of any other covered members of the family) continuation period must be extended to 29 months from 18 months if the Social Security Administration determines that the Qualified Beneficiary was totally disabled under Title 11 or XVI of the Social Security Act on the day of the Qualifying Event, or within the first 60 days of COBRA coverage, and the Qualified Beneficiary sends a copy of the determination notice to Cobra-Serv before the end of the initial 18-month period and within the later of 60 days of the date of the notice from the SSA; the qualifying event date; the benefit termination date; or the date of the notice to the qualified beneficiary of the rules of the notice.

### Other Coverages

You must allow continuant(s) to continue COBRA coverage despite their becoming covered under a new group health plan if the new plan contains an exclusion or limitation with respect to any pre-existing condition of that continuant.

### See Your Attorney

The complexity of the law — and the fact that judicial decisions affecting compliance can happen at any time — precludes a complete description of legal requirements. Please consult your attorney.

(For transferring current COBRA continuants to Ceridian)

Fax #: 

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**TRANSFERRING CURRENT COBRA CONTINUANTS TO CERIDIAN COBRA CONTINUATION SERVICES**  
**INSTRUCTIONS FOR COMPLETING CONTINUANT TAKEOVER FORM (ON REVERSE SIDE)**

(USE ONE FORM PER FAMILY UNIT)

This form is only needed if you have current COBRA Continuant to be transferred to Ceridian COBRA Continuation Services. One form should be completed for each family unit and mailed to:  
Ceridian COBRA Services Center, P.O. Box 534066, St. Petersburg, FL 33747-4066  
Or fax to 727-865-3648

- |            |  |            |   |
|------------|--|------------|---|
| Number 1:  | Enter your company name. If we have set up your account to report by division or unit, enter division or region code and company ID or unit code.  | Number 12: | Enter the month, day and year of the Qualifying Event.  |
| Number 2:  | Enter your company's Ceridian COBRA Services Account Number, which is located on the Rate Report on the top, center section of the page.   | Number 13: | Enter the LAST DAY (month, day, and year) of the Continuant's pre-COBRA coverage (Benefits Termination date).   |
| Number 3:  | Check appropriate box to indicate whether Continuant is an employee or dependent. (Check one box only.)  | Number 14: | Enter the FIRST PREMIUM DUE DATE for which Ceridian is to begin billing. Ceridian cannot generate an invoice for a period of coverage that is before your Contract Begin Date with Ceridian.  |
| Number 4:  | Enter the Continuant's complete nine-digit Social Security Number.   | Number 15: | Check appropriate box (check one box only) to indicate the type of Qualifying Event. "Employee's termination of employment" includes voluntary resignation, involuntary termination (except for termination due to gross misconduct), retirement, layoff, or leave of absence." Employee's reduction in hours" includes work stoppage (strike). |
| Number 5:  | Enter Continuant's complete name (last, first, middle initial) and complete mailing address (street, city, state and Zip Code).  | Number 16: | If the employee has a health care Flexible Spending Account (FSA), check "Yes" and indicate his or her monthly contribution.  |
| Number 6:  | Enter Continuant's home phone number, including area code, if available.   | Number 17: | Refer to your COBRA <b>Rate Sheet</b> and enter the Carrier Code, Option Code, and Plan Code indicating the coverage in effect for this individual.   |
| Number 7:  | If the Continuant is an employee who has an employee ID number, enter it here.   | Number 18: | Check appropriate box (Yes or No) to indicate whether the Continuant has been approved for an 11-month disability extension.  |
| Number 8:  | Continuant's date of birth. (month, day, year).  | Number 19: | Provide information if the Continuant has dependents covered, and indicate whether the individual is a Qualified Beneficiary and was covered under the group health plan at the time of the original Qualifying Event or was born to or placed for adoption with a covered employee during the period of COBRA coverage.                        |
| Number 9:  | Check appropriate box to indicate the Continuant's Gender (Male or Female).  |            |   |
| Number 10: | Check appropriate box to indicate marital status of Continuant.  |            |   |
| Number 11: | If the Continuant is a dependent of an employee or former employee, enter employee's complete name (last, first, middle initial), employee's nine-digit Social Security Number, and Continuant's relationship to employee. |            |   |

**PLEASE BE SURE TO COMPLETE ALL ITEMS AND TO SIGN AND DATE FORM.**  
**INCOMPLETE FORMS WILL BE RETURNED FOR COMPLETION.**

Ceridian COBRA Services Center  
3201 34th Street South  
St. Petersburg, Florida 33711-3828  
800-377-4990 • Fax: 727-865-3648

## CS-611/7/04QE

**Ceridian COBRA Services Center**  
**P. O. Box 534066**  
**St. Petersburg, Florida 33747-4066**

Division or Region Code      Company ID or Unit Code

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# Ceridian COBRA Continuation Services

## COBRA QUALIFYING EVENT

CS-613/7/04

**PLEASE CHECK ONE BOX →** ☐ ORIGINAL NOTICE If FAXED, **do not** mail copy.  
☐ REVISION . . . to a form that was previously sent.

1a) From (Company)

1b) Division or Region Code

1c) Company ID or Unit Code

(If applicable, refer to the Client Rate Report for the one character to two characters required [alpha and/or numeric] to complete 1b and 1c above.)

2) Ceridian COBRA Services Account Number

3) Please be advised that the following has had a Qualifying Event. (check one)

☐ (E)mpleado

☐ (D)ependent

4) Social Security Number of Qualified Beneficiary

-   -

5a) Qualified Beneficiary's Name (last, first, mi)

5b) Street (include apartment number)

5c) City

5d) State

5e) Zip Code

6) Home Phone # of Qualified Beneficiary (include Area Code)

-    -

7) Employee # (if applicable)

8) Date of Birth of Qualified Beneficiary

M M D D Y Y Y Y

9) Gender (check one)

☐ (M)ale

☐ (F)emale

10) If the Qualified Beneficiary listed in box #5a is not the employee, enter the following:

Employee Name (last, first, mi) \_\_\_\_\_

Employee SSN    -   -

Dependent's Relationship to Employee \_\_\_\_\_

11) Qualifying Event Date

M M D D Y Y Y Y

12) Last day of pre-COBRA Coverage (cannot be prior to Qualifying Event Date)

M M D D Y Y Y Y

13) Is this a second Qualifying Event for a dependent who is currently on COBRA? ☐ (N)o ☐ (Y)es

14) If employee, does he/she have a health care FSA?

☐ (N)o ☐ (Y)es (If yes, MONTHLY contribution \$ \_\_\_\_\_)

15) Refer to your Client Rate Report and enter the current Carrier Option, Option Code and Plan Code for each coverage in effect on the Qualifying Event Date:

	Carrier Code	Option Code	Plan Code*
Med or HMO	_____	_____	_____
Dental	_____	_____	_____
Vision	_____	_____	_____
Hearing	_____	_____	_____
Prescription	_____	_____	_____
Other	_____	_____	_____

\*Select from the following current Plan Code Coverages. Ceridian administers only Plan Code coverage options that are permitted by your plan or carrier:

1 = Individual      3 = Family      14 = Individual+Child  
2 = Individual + 1      9 = Individual + Spouse      15 = Individual + Children

16) COBRA Qualifying Event that caused loss of coverage (check one)

**Continuation of coverage for 18 months:**

☐ Employee's retirement (Code 8)

☐ Employee's reduction in hours (Code 2)

☐ Employee's resignation (Code 1)

☐ Employee's layoff (Code 0)

☐ Employee's involuntary termination (Code C)

☐ Employee's begins leave of absence (Code 9)

**Continuation of coverage for 36 months:**

☐ Divorce/legal separation (Code 4)

☐ Death of covered employee/retiree (Code 3)

☐ Ineligibility of dependent child (Code 6)

☐ Retiree, spouse or child of retiree loses coverage within one year before or after commencement of proceedings by sponsoring employer under title 11 (bankruptcy) United States Code (Code 7)

☐ Covered employee/retiree becomes entitled to Medicare; dependents may elect continuance of coverage (Code 5)

17) Spouse/Dependent Information. Each name should include last, first and middle initial.

Name of Spouse \_\_\_\_\_

Social Security Number    -   -

Date of Birth          
M M D D Y Y Y Y

Gender ☐ Male ☐ Female

Address (if different from participant) \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Social Security Number    -   -

Date of Birth          
M M D D Y Y Y Y

Gender ☐ Male ☐ Female

Address (if different from participant) \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Social Security Number    -   -

Date of Birth          
M M D D Y Y Y Y

Gender ☐ Male ☐ Female

Address (if different from participant) \_\_\_\_\_

Name of Dependent \_\_\_\_\_

Social Security Number    -   -

Date of Birth          
M M D D Y Y Y Y

Gender ☐ Male ☐ Female

Address (if different from participant) \_\_\_\_\_

**Please see Addendum if additional names need to be listed in this section**

**Prepared By**

Name: (PRINT) \_\_\_\_\_

Date:          
M M D D Y Y Y Y

Telephone #    -    -

Fax #    -    -





Ceridian COBRA Services Center  
3201 34th Street South  
St. Petersburg, Florida 33711-3828  
Telephone: 727-864-3300  
Fax: 727-865-3648

Yes! I'd like Ceridian COBRA Continuation Services to save my company work, reduce expenses and avoid the huge penalties for COBRA non-compliance.

I want to implement Ceridian COBRA Continuation Services for all of my employees enrolled in my group health plan(s). I understand that my plan with Blue Cross and Blue Shield of Florida or Health Options only provides Ceridian COBRA Continuation Services services for those employees covered under those plans. The cost to extend Ceridian COBRA Services to all of my employees will be based on the number of employees covered by my non-Blue Cross and Blue Shield of Florida or Health Options plan(s) according to the following schedule:

<b>Number of Employees in a non-BCBSF plan (per plan)</b>	<b>Monthly Compliance Fee</b>
1-10	\$10.00
11-30	\$15.00
31-50	\$25.00
51-70	\$35.00
71-85	\$42.00
86-100	\$50.00
101-125	\$62.00
126-150	\$75.00
150+	TBD

Ceridian will:

- provide Qualifying Event forms to allow my company to comply;
- update the forms as necessary;
- process the elections;
- bill, collect, and remit premiums monthly;
- provide an 800 number for participants to call;
- generate standard monthly management reports of participant status;
- archive all information for 7 years.

Please implement Ceridian's COBRA Services for my company's non-Blue Cross and Blue Shield of Florida and/or Health Options plans. The names of these plans and other pertinent information are included on the attached Carrier Information Sheet. If you have any questions, please do not hesitate to call Ceridian at 800-488-8757.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Ceridian COBRA Services Account # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Include Area Code) \_\_\_\_\_

Fax Number (Include Area Code) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



## APPLICATION

## CARRIER INFORMATION

Company Name \_\_\_\_\_

Ceridian COBRA Services Account # \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Other Carrier/Provider \_\_\_\_\_ HMO ☐ Yes ☐ No Type of Coverage \_\_\_\_\_

Carrier Address \_\_\_\_\_ Effective Date of Rates \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Policy # \_\_\_\_\_

Is this plan a Stand Alone Plan or must this be taken with other coverage?

Stand Alone \_\_\_\_\_. If taken with other coverage, what coverage \_\_\_\_\_?

**RATES:** COVERAGE MONTHLY RATE (WITHOUT 2%) \_\_\_\_\_ # COVERED EMPLOYEES

Individual \_\_\_\_\_

\$ \_\_\_\_\_

Family \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Other Carrier/Provider \_\_\_\_\_ HMO ☐ Yes ☐ No Type of Coverage \_\_\_\_\_

Carrier Address \_\_\_\_\_ Effective Date of Rates \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Policy # \_\_\_\_\_

Is this plan a Stand Alone Plan or must this be taken with other coverage?

Stand Alone \_\_\_\_\_. If taken with other coverage, what coverage \_\_\_\_\_?

**RATES:** COVERAGE MONTHLY RATE (WITHOUT 2%) \_\_\_\_\_ # COVERED EMPLOYEES

Individual \_\_\_\_\_

\$ \_\_\_\_\_

Family \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Other Carrier/Provider \_\_\_\_\_ HMO ☐ Yes ☐ No Type of Coverage \_\_\_\_\_

Carrier Address \_\_\_\_\_ Effective Date of Rates \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Policy # \_\_\_\_\_

Is this plan a Stand Alone Plan or must this be taken with other coverage?

Stand Alone \_\_\_\_\_. If taken with other coverage, what coverage \_\_\_\_\_?

**RATES:** COVERAGE MONTHLY RATE (WITHOUT 2%) \_\_\_\_\_ # COVERED EMPLOYEES

Individual \_\_\_\_\_

\$ \_\_\_\_\_

Family \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

\$ \_\_\_\_\_

(Other rate basis) \_\_\_\_\_

**Return form to:** Ceridian COBRA Services Center — ATTN: Client Services

3201 34th Street South

St. Petersburg, Florida 33711-3828

727/864-3300 Fax: 727/865-3648

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# COBRA PROCEDURES MANUAL

**Outlining the policies and procedures followed by our organization in the fulfillment of COBRA requirements.**

*This document is supplied solely for the purpose of assisting you in organizing documentation of your internal COBRA administration practices. To the extent that any of the information contained in this document is inconsistent with IRS requirements, IRS requirements will govern in all cases.*

*We suggest that you have this document reviewed by your accountant and/or attorney.*

**Please review the document, enter the appropriate information, and keep it for your records.**

## OUR COBRA ADMINISTRATION PROCEDURES

### **OUR COBRA ADMINISTRATION SYSTEM:**

COBRA administration functions are performed jointly by our organization and Ceridian COBRA Continuation Services ("Ceridian"), a national COBRA compliance administrator. Within our organization, COBRA functions are handled by:

**(Internal person responsible: \_\_\_\_\_)**

Our Ceridian contact is:                      Client Services Department  
    Ceridian COBRA Services Center  
    3201 34th Street South  
    St. Petersburg, Florida 33711-3828  
    Phone: 800-488-8757

Ceridian will provide all documentation related to the administrative functions it has performed on our behalf if requested in connection with an IRS audit.

### **OUR PROCEDURES — Initial Notification of COBRA Rights (check box that applies):**

**(Internal person responsible: \_\_\_\_\_)**

Each time an employee and/or spouse becomes covered under our plan, they are notified of their COBRA rights as follows:

- ☐ Ceridian sends a General Notice of COBRA Rights, based upon the revised Department of Labor Model Notice, via First Class Mail with proof of mailing addressed to the employee *and* spouse at the last known home address. If spouse resides at a different address, notices are sent to both addresses. Proof of mailing is archived for 7 years.
- ☐ We send a copy of the U.S. Department of Labor's Model General Notice of COBRA Rights via First Class Mail addressed to the employee *and* spouse at the last known home address. If spouse resides at a different address, notices are sent to both addresses. We retain a copy of this form, which includes addressee information and date sent, on file for 7 years for our records.
- ☐ All of our currently-covered employees and spouses have been properly provided with a General Notice of COBRA Rights. We retain copies of these notices for \_\_\_\_\_ years, and store them \_\_\_\_\_ (location).

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## OUR PROCEDURES — COBRA Qualifying Event Notifications:

(Internal person responsible: \_\_\_\_\_)

Each time an employee or dependent has a "Qualifying Event," we perform the following procedures:

1. Complete a Ceridian Qualifying Event Notification Form #CS-613 and send it to the Ceridian COBRA Services Center within 14 days of the notice to the Plan Administrator of the Qualifying Event. This notice is sent to Ceridian as follows (check box that applies), and a copy is retained for our files:
  - ☐ First class mail
  - ☐ Express mail
  - ☐ FAX transmission
  - ☐ Web QE
  - ☐ Data transfer, via tape or disk, of Qualifying Event data
  - ☐ Data transfer, via modem, of Qualifying Event data
2. Terminate the person from our group insurance plan. Ceridian handles all subsequent administration related to the Qualifying Event.

## OUR PROCEDURES — Billing/Collecting/Ongoing Eligibility Adjudication:

(Internal person responsible: \_\_\_\_\_)

1. Ceridian handles receipt, adjudication and processing of COBRA elections, and also handles all of our COBRA premium billing and collecting.
2. Ceridian sends us a Participant Status Update report each time a COBRA continuant elects and pays the first premium, a dependent is added or dropped, or a continuant is cancelled.
3. We use this report to update our carrier on COBRA continuants.
4. Once a month, Ceridian sends us a complete summary of our COBRA activity for the previous month, together with a check for the premiums collected.
5. We check this report against our own records to verify that all proper COBRA administrative activities have taken place. We also forward premium payments directly to the applicable insurance carrier.

## OUR PROCEDURES — Maintaining copies of standard form letters sent to qualified beneficiaries regarding continuation coverage.

(Forms specified by the IRS as required for audit purposes should be attached to this document. **NOTE: Forms used by Ceridian for such communications during the period in which Ceridian were in effect will be provided by Ceridian when requested at the time of audit.**)

(Internal person responsible: \_\_\_\_\_)

FORMS ATTACHED (check applicable items):

- ☐ Forms used prior to utilization of Ceridian administration services.
- ☐ Non-Ceridian COBRA Continuation Services currently in use.
- ☐ Current version of Ceridian COBRA Continuation Services forms have been requested (at time of audit only).

**OUR INTERNAL AUDIT PROCEDURES RELATED TO COBRA:**

Following are the audit procedures we use to ensure that all aspects of COBRA compliance are being properly administered. (Auditing of Ceridian-performed functions is accomplished by reconciling our internal COBRA records with reports provided by Ceridian as COBRA-related activities occur, and monthly summary reports.)

Listed below are the COBRA administration functions, the person responsible for auditing them, the audit method, and the audit timeframe.

Function	Audited by	Audit Method & Frequency
Sending of General Notices of COBRA Rights to newly-covered employees and spouses		
Qualifying Event Discovery		
Sending of Qualifying Event Notices to the Ceridian COBRA Services Center		
Reconciling internal records of COBRA activities with reports provided by Ceridian		
Adding or deleting persons to/from the group health plan in response to COBRA status communicated by Ceridian		
Other functions:		

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## **COPIES OF ALL GROUP HEALTH PLANS:**

- ☐ Accompanying this document are copies of all group health plans in force for our organization. (Check this box as complete after you have attached copies of all of your group health plans, to include policy, Summary Plan Description, and all amendments and riders.)

## **DETAILS PERTAINING TO ANY PAST REQUEST FOR CONTINUED COVERAGE AND/OR PENDING LAWSUITS RELATING TO COBRA COVERAGE:**

- ☐ Accompanying this document are records of past requests for continued coverage and details of pending lawsuits (including pleadings, complaints, answers, etc.) relating to COBRA coverage. (NOTE: Ceridian keeps copies of all request letters and correspondence related to requests for continued coverage, and will make them available upon request at the time of audit.)

(Check this box as complete after you have attached copies of all items requested.)

## **MAINTENANCE OF RECORDS:**

- ☐ Accompanying this document is information concerning all employees who have left our employment during the current and 6 preceding tax years. If we cover any independent contractors under our group health plans, a similar list for them is provided. (\*NOTE: Our copies of the Ceridian #CS-613 or #CS-913 Qualifying Event Notification Form, combined with information contained in the Participant Status Report sent to us monthly by Ceridian, provide the majority of information required. Ceridian will provide a list of all Qualifying Events it has received notice of upon request at time of audit.

(Check this box as complete after you have attached the lists requested.)

Information to include:

- a) Name
- b) Address
- c) Marital Status
- d) Health plan selected, and whether such plan covered the family or just the employee.
- e) Dental plan selected, and whether such plan covered the family or just the employee.
- f) Date of termination from the company.
- g) Date that COBRA Continuation Coverage was made available to the terminated employee.
- h) Date that COBRA Continuation Coverage was made available to the spouse and/or dependents of the terminated employee.
- i) With regard to items (g) and (h), was this notice written or oral?
- j) With regard to items (g) and (h), was a separate notice given to each party?
- k) With regard to items (g) and (h), was the notice hand delivered or mailed?
- l) Was COBRA Continuation Coverage accepted or rejected by the employee and/or spouse?
- m) Was the termination of the employee voluntary or involuntary?