Federal **COBRA** Process - **New Groups**

Identify your compliance status on the employer application.

Identify your current COBRA participants and their health plan selections.

COBRA participants have the same plan selections as existing employees: Please notify the COBRA participant of the new health plan selections during your open enrollment period.

Submit current COBRA participants' member application to **BCBSF** along with all other eligible employee applications.

Note:
Please note that if you are currently in a Direct Contract with Ceridian you have the option to elect COBRA services for BCBSF products at no charge.* To do so you must provide Ceridian with a written request to cancel your Direct Contract. Please be aware that Direct Contract invoices must be paid to date before transfer of services can be made.

Send forms to Ceridian at:

Ceridian COBRA Services Center
3201 34th Street South
St. Petersburg, FL 33711-3828

phone: 1-800-377-4990
fax: 727-865-3648

*Ceridian may also administer COBRA services for non-BCBSF products at an additional fee.

www.bcbsfl.com

Ceridian calls **group** to schedule an Implementation Call within 30 days of the effective date.

Group will receive a Welcome Kit from **Ceridian** via e-mail or US Mail.

During the call with **Ceridian** your Implementation Specialist will discuss the following topics / processes:

- ✓ Welcome Kit
- ✓ Web Access
- ✓ Current COBRA participants and benefit effective date
- ✓ Process for submitting Qualifying Events (QE) since the groups effective date

BlueCross BlueShield of Florida
An Independent Licensee of the Blue Cross and Blue Shield Association

Group submits take-over form to **Ceridian** for current COBRA participants.

Group submits QE forms to **Ceridian** for members who have had a QE since the **group's** effective date with **BCBSF.**

Federal **COBRA** Process - **Existing Groups**

BlueCross BlueShield of Florida
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New Hire

Ceridian

Upon eligibility of the new employee, the employer will send **Ceridian** the New Hire Form.

- ✓ New Hire Form is available in Ceridian's Welcome Kit
- ✓ If you do not have the form available please contact **Ceridian** directly at **800-377-4990**.

BCBSF

If the employee elects to enroll the **employer** sends the completed enrollment form to **BCBSF**.

- ✓ If you do not have an enrollment application available please contact BCBSF at **1-866-946-2583** (enter group number).
- ✓ Employees can be enrolled via Blues*Enroll.*

Note: At Renewal, **employer** needs to notify **Ceridian** of any plan changes for existing COBRA participants.

Qualifying Events

Group notifies **Ceridian** of Qualifying Event.

(**Note:** the group must also notify BCBSF separately of employee termination in order to have the employee terminated.)

- ✓ Complete Qualifying Event Form and send to **Ceridian.**
- ✓ Can submit via the web www.ceridian-benefits.com.
- ✓ Demographic Changes such as address change, name changes etc.- Employee completes Change Form and Group provides to **BCBSF** and **Ceridian.**

Ceridian sends the official Notice of Right to Continuation and Election Form to **employee**.

Employee elects COBRA coverage by completing the Election Form and remitting payment to **Ceridian.**

Ceridian receives and processes Election Form and provides Participant Update Report to the **Group.**

Group sends the Participant Update Report along with payment to BCBSF in order to process the COBRA enrollment.