

Audience: Employers

Module Length: Approx. 10 min.

Last Updated: 9/13/06

Welcome to the COBRA Employee & Dependent tutorial. In this tutorial, you'll learn how to enroll an existing employee with or without dependents in COBRA coverage.





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Last Updated: 9/13/06

As you proceed, you may use the controls at the bottom of this window to rewind, pause, or skip ahead during playback.





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To move from one section to another, click the menu buttons found above the playback controls.





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Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your contractual agreement.





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Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.



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2. Enrollment 4. Try It!	is terminating the employee's existing coverage. For more information, refer to the Termination tutorial.		ge. For rial.		

In most cases, enrolling an existing employee in COBRA is a two-step process. The first required step is terminating the employee's existing coverage. For more information, refer to the Termination tutorial.



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The second step is reinstating coverage by enrolling the employee in COBRA. If the employee and any dependents are enrolling in COBRA together, the employee must be reinstated before any dependents.





To begin, select the Enrollment menu option.

Select the Enrollment option



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Click the Reinstate option



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After you select the Group, you will need to identify the employee. You may search for an employee by employee ID or by last name by clicking the appropriate radio button.



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For more detailed information on these procedures, please see the Add Employee or Add Dependent tutorials.



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For assistance with this process, click the Help button at the bottom of the screen or refer to the Quick Reference Cards online.



Employer eSer	vices®	
Enrollment ID Cards	Billing Reports Banking ManageAc	cess Help Training Tutorials
Add Terminate Reinsta	te Change Inquire Electronic File	Log Out Scroll Up-U Scroll Down-D
Enrollee: JAN SMITH	Group: 0700051	Insured ID: 0055555555-00
Market Name	PCP/WIDE ACCESS	<u> </u>
Positively Enrolled	YES Men	bers Covered Employee Only
Eligibility Status	ACTIVE	larket Number 0024508
New Coinsurance	<u></u>	BRA Paid-Date
Salary Deductible		Salary Year
COBRA Admin Type	COBRA - CARRIER ADMINISTERED	
Physician		Effective Date / / /
By using this web site you gare	Help Continue	
This is a private web site out a the web site and / or the data 1. Introduction	ining confidential information. Authorized site users intained on the site may be mounds for penalties, f 3. Add'I Info 4. Try It! alth Group Inc. All F tered trademark and is used by permission from Unit	Verify the information you have entered is correct, then click the Continue button.

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Add Terminate Reinstate	e Change Inquire El	ectronic File		Log Out Scroll Up-U Scroll Down-D
Enrollee: JAN SMITH	Grou	p: 0700051	Insured II	D: 00555555555-00
Employee Information Step 5 Enter of On the day this cover including another Uni Other Insurance UNIK Other Health (Non-Medic Effective Date If the dependent is co If the dependent is co plan (married)	Demographic Information age begins, will the e tedHealthcare plan? NOWN eare) Information: Expiration Expiration Devered, please select nt is covered under both	Product Information mation changes enrollee be cove Date one of the follo employee's insur	Other Insurance and Submit. red under any other me wing custody types: ance plan and employee's s	Click the scroll bar dical plan or policy,
Type B: Employee dependent's medi 1. Introduction 2. Enrollment	e is awarded custody of cal expenses 3. Add'i Info 4. Try it!	this dependent, a Individual's (not This dependent's	The Other Insurance to the right to Continue.	ab displays. Use the scroll bar on

The Other Insurance tab displays. Use the scroll bar on the right to Continue.

Click the scroll bar



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Enrollment ID Cards Billing Reports Banking ManageA	cess Help Training Tutorials
Add Terminate Reinstate Change Inquire Electronic File	Log Out Scroll Up-U Scroll Down-D
Enrollee: JAN SMITH Group: 0700051	Insured ID: 0055555555-00
Enrolled in Medicare Part D Effective Date / Ineligible for Medicare Part D Not Enrolled in Medicare Part D	/ Expiration Date / / /
Medicare Eligibility HIC Number Carrier 1 Carrier 2 Click the Submit button	
Help	mur 1%
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This is a private web site containing confidential information. Authorized site users the web site and / or the data contained on the site may be provided for penalties, f 1. Info 2. Enrollment 4. Try It The provident of the site of the	Click the Submit button after you have completed the Other Insurance information.

Click the Submit button after you have completed the Other Insurance information.

Click the Submit button



Employer eServ Enrollment ID Cards I Add Terminate Reinstate	iCeS® Billing Reports Ban e Change Inquire E	king ManageA lectronic File	ccess	Help Training Tutorials
Enrollee: JAN SMITH	Grou	p: 0700051	Insured	ID: 0055555555-00
Employee Information	Demographic Information	Product Information	Other Insurance	
Employee Informatio Transadlighlight@ccsful.	n			
* <i>Required fields</i> Origina	I Date of Hire* 04/15 Date of Death	/2006	Date of Retirement	
Complete Alternate Alternate P 1. Introduction 2. Enrollment Alt Pa	e Payee information ayee Indicator NO 3. Add'Info 4. Try It! yee Last Name	only when the p	After you click the Si message like this or successful. Howeve follow the instruction	ree. ubmit button you should see a ne. It confirms the transaction was r, if you receive an error message, s to correct the error.

After you click the Submit button you should see a message like this one. It confirms the transaction was successful. However, if you receive an error message, follow the instructions to correct the error.



Employer eServ	ices®				
<u>Enrollment</u> ID Cards E	Billing Reports Ban	nking ManageAc	cess	Help Training Tutorials	
Add Terminate Reinstate	Change Inquire E			Log Out Scroll Up-11 Scroll Down-D	
Enrollee: JAN SMITH	Grou	p: 0700051	Insured I	D: 0055555555-00	
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Employee Information	Employee Information				
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Date of Death					
Alternate P. 1. Introduction 2. Enrollment Alt Pay	ayee Indicator NO 3. Add'I Info 4. Try It! yee Last Name		Dependent coverage coverage is terminate coverage for the empl reinstate coverage for	is terminated when employee ad. After you've reinstated loyee with COBRA, you must r all dependents separately.	

Dependent coverage is terminated when employee coverage is terminated. After you've reinstated coverage for the employee with COBRA, you must reinstate coverage for all dependents separately.



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<u>Enrollment</u> ID Cards E	Enrollment ID Cards Billing Reports Banking ManageAccess Help Training Tutorials					
Add Terminate Reinstate	Add Terminate Reinstate Change Inquire Electronic File Log Out					
Enrollee: JAN SMITH	Grou	p: 0700051	Insured	ID: 0055555555-00		
Employee Information	Demographic Information	Product Information	Other Insurance		^	
Employee Information Transaction Successful.	Employee Information Transaction Successful,					
*Required fields						
Original	I Date of Hire* 04/15, Date of Death	/2006	Date of Retirement			
Complete Alternate Payee information only when the payee is not the employee.						
Alternate P 1. Introduction 2. Enrollment Alt Pay	ayee Indicator NO 3. Add'I Info 4. Try It: yee Last Name		The process for reins is almost the same a are eligible, but not n products available to	stating a dependent with C is for the employee. Depe equired, to enroll in the sar the employee.	OBRA ndents ne	

The process for reinstating a dependent with COBRA is almost the same as for the employee. Dependents are eligible, but not required, to enroll in the same products available to the employee.



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Enrollment ID Cards E	nrollment ID Cards Billing Reports Banking ManageAccess Help Training Tutorials					
Add Terminate Reinstate	Add Terminate Reinstate Change Inquire Electronic File Log Out Scroll Up-U Scroll Down-D					
Enrollee: JAN SMITH	Grou	p: 0700051	Insured 3	ID: 0055555555-00		
Employee Information	Demographic Information	Product Information	Other Insurance	1		
Employee Information	Employee Information					
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Date of Death						
Complete Alternate Payee information only when the Alternate Payee Indicator NO I. Introduction 2. Enrollment Alt Payee Last Name			Also, the process for almost the same as t more information on to the Termination tut	terminating COBRA coverage is erminating regular coverage. For terminating coverage, please refer orials.		

Also, the process for terminating COBRA coverage is almost the same as terminating regular coverage. For more information on terminating coverage, please refer to the Termination tutorials.



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Enrollment ID Cards E	illing Reports Ban	king ManageA	ccess	Help Training Tutorials		
Add Terminate Reinstate	Change Inquire El	ectronic File		Log Out Scroll Up-U Scroll Down-D		
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Complete Alternate	Complete Alternate Payee information only when the payee is not the employee.					
Complete Alternate Payee information only when the Alternate Payee Indicator NO 1. Introduction 2. Enrollment Alt Payee Last Name			For more informatior employee and deper Help.	n on COBRA eligibility for both the ndents, please refer to the Online		

For more information on COBRA eligibility for both the employee and dependents, please refer to the Online Help.





Congratulations!

You have completed the COBRA Employee & Dependent Tutorial

Congratulations! You've completed the COBRA Employee & Dependent tutorial. In this tutorial, you learned how to enroll an existing employee and dependent for COBRA using Employer eServices.



6/19/2007