

# How to Manage COBRA Enrollment Opportunities

## Employer Initiated COBRA Enrollment Opportunity

1. From the broker dashboard, select the employer you want to work with. Click on *Manage*.

My Clients   Messages & Notices   Documents

### Overview

Here you can select a current client's account to manage. Please select an agency from the drop down menu below. To continue managing your account select Show Employer List. If an employer has authorized you to manage their account but is not on your client list, you can add them by clicking Add Employer.

### My Clients

Employer   Employee   Individual

Select Employers of an Associated Agency or Select All.

Select Associated Agency\*

Direct Clients   Show Employers List   OR   Add Employer  
Enter Details

### Search Employer

Filter Options

Employer (Company Name)   Primary Contact

Reset All

\*Please click on 'eligibility' for the employer you want to enroll.

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Company	Client Name	AccountID	Phone Number	Eligibility Status	Enrollment Status	Employees	Renewal Date	Action
Greentree vegetables	Dan Frank	AC0000029572	5187894567	eligible	es6956 : in_progress	3	es6956 : 01/01/2016	Manage Invite Delete
Sary farmers market	Fran Silver	AC0000029873	5782222222	eligible	es7072 : completed	2	es7072 : 03/01/2016	Manage Invite Delete
Time clocks	Molly MacMahon	AC0000030063	5182222222	eligible	es7579 : in_progress	3	es7579 : 01/01/2016	Manage Invite Delete
XYZ Saloon	Brenda Donnelly	AC0000033286	5181234567	eligible	es36418 : completed	2	es36418 : 04/01/2016	Manage Delete

- From the employer's roster, select the employee for whom you wish to initiate a COBRA enrollment opportunity. Delete the employee from the roster by clicking *Delete* under Actions.

Please note: An enrolled employee must first be deleted from the roster before being eligible to enroll in COBRA.

Overview
Messages & Notices
Roster
My Enrollment
Plans
My Documents
Appeals
Cobra

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000033286

**Brenda Donnelly**  
Account Settings

**COMPANY INFORMATION**

**XYZ Saloon**  
495 Elmwood Ave  
Albany NY 12227  
**Primary Phone:**  
(518) 123-4567

Edit Company Information

Edit Additional Contact Information

Bills and Payments

EBILL

Estimate Tax Credit Calculator

## Company Roster

In order to participate in the Small Business Marketplace, you must list all eligible employees on your company roster. Employees must be listed even if they are not electing coverage. Business owners are eligible and should be listed on the roster.

The address listed for employees should be their residential address.

There are two ways to enter your employee information:

- You can download a template, fill it out and upload it to the Small Business Marketplace or
- You can enter your employee information one at a time.

**Use Template**

Download Roster Template

Choose File No file chosen

**Add Individually**

Add Employee

**Manage Roster Instructions:**

Instructions - Choose one of the options below if you want to change the information in your roster:

- Click EDIT or FIX ERROR to change that employee's information, then click SAVE.
- Click X to remove an employee record.
- Click DELETE ALL ERROR ROWS to delete all incorrect information in the roster. You will need to input the corrected information or the employee will not be offered insurance.

**Manage Enrollments**

- After you have completed your enrollment offer, a participation code will be sent to all employees on your roster. Your employees will then have the ability to enroll themselves online, or can have customer service assist them. If you want to enroll one or all of your employees directly, you can use the **Enroll button** next to their name on the roster. You will then have to complete the enrollment process for each employee you are assisting.
- If your employee later wants access to the account you have created for them, use the **Invite button**. This will send an invitation code to the email address provided when you setup their account.
- To delete an employee from your insurance offer, you can select the **Delete button** next to the employees name.

**Filter Roster**

Show All ▼
Delete All Error Rows >>
Delete Roster

1 to 2 of 2 Entries < Previous Next >

Status	Employee Code	Employee Name	E-Mail Address	Address	Participation Code	Actions
✎ Edit	D1	Joe Pham	nysotesting@gmail.c...	77 Cherry Lane, Albany, NY 12227	7v_5SH1UP6c	<div style="border: 2px solid red; padding: 2px; display: inline-block; margin-bottom: 5px;">Delete</div> <div style="margin-bottom: 5px;">✎ Modify Employee Offering</div> <div style="margin-bottom: 5px;">✎ Manage</div>
✎ Edit	D2	Jane Gillis	nysotesting@gmail.c...	55 Lavender Lane, Albany, NY 12227	uLXDBX8XRW0	<div style="margin-bottom: 5px;">✎ Delete</div> <div style="margin-bottom: 5px;">✎ Modify Employee Offering</div> <div style="margin-bottom: 5px;">✎ Manage</div>

Create Enrollment

3. Select “Yes”, a reason for removing employee, a date of removal, and click on *Continue*. **Please note:** only the following reasons will trigger a COBRA enrollment opportunity for the enrolled employee:
- Employee(s) are no longer full-time
  - Employment Terminated
  - Death
  - Retirement
  - Employee(s) receive Medicare

**Remove Employee From Roster and Terminate Offer of Coverage?**

Warning - Employee termination could result in reduced premium tax credit.

Are you sure want to remove employees and cancel their offer or enrollment in health coverage? You will have to enter their information again, if they become eligible  Yes  No

Reason for removing this employee from roster and terminating their offer or enrollment?

Employment Terminated

Date of Removal (Click on the Calendar icon to terminate the employee on a different Date)

03/31/2015

<< Back Continue >>

4. On the roster, you will see the employee is listed under “Deleted Employees”. **Please note:** Employee will remain on the Plans tab until coverage termination date has passed.

Status	Employee Code	Employee Name	E-Mail Address	Address	Participation Code	Actions
<a href="#">+Edit</a>	02	Jane Gillis	nysohtesting@gmail.c...	55 Lavender Lane, Albany, NY 12227	uLXDBX8XRW0	<a href="#">Delete</a> <a href="#">Modify Employee Offering</a> <a href="#">Manage</a>

Deleted Employees 1 to 1 of 1 Entries [< Previous](#) [Next >](#)

Employee Code	Employee Name	SSN	Status	Termination Date	Primary Reason for Termination	Action
01	Joe Pham	xxx-xx-4321	Deleted	03/31/2015	Employment Terminated	Not Applicable

[Create Enrollment](#)

5. AFTER the coverage termination date has passed, the previously enrolled employee will display under the Cobra tab, on the “Manage Cobra” screen with a Cobra Effective Date. Click on *Enroll* to send a COBRA enrollment opportunity to the employee.

**Please note:** An employee/dependent will not be allowed to elect COBRA coverage after the 75 day enrollment period. The employee’s COBRA coverage will be backdated to the date of coverage termination (there will be no gap in coverage). **By clicking the Enroll button from this screen, the employer or broker is making COBRA available to the employee, who still must enroll in COBRA through their account or by proxy (broker or employer).**

The screenshot shows the 'Manage Cobra' interface. On the left, there is a sidebar with 'ACCOUNT HOLDER INFORMATION' and 'COMPANY INFORMATION'. The main content area has a navigation bar with 'Cobra' highlighted in a red box. Below the navigation bar is the title 'Manage Cobra'. A table lists employee information with columns: Name, Employment Termination Date, Coverage Termination Date, Cobra Effective Date, and Actions. The 'Enroll' button in the Actions column is highlighted with a red box. At the bottom right, there is an 'Add Cobra Beneficiary' button.

Name	Employment Termination Date	Coverage Termination Date	Cobra Effective Date	Actions
Pham,Joe	03-31-2015	03-31-2015	04-01-2015	Enroll

6. Once you have clicked on Enroll from the “Manage Cobra” screen, you will see that the Enroll button changes to a Terminate button (see step # 19). From this screen you can also “Add a Cobra Beneficiary”. This situation occurs when a spouse or dependent of a previously enrolled employee is eligible for COBRA because of the former employee’s death, retirement or enrollment into Medicare (see step #10).

The screenshot shows the 'Manage Cobra' interface after the 'Enroll' button has been clicked. The 'Enroll' button has changed to a 'Terminate' button, which is highlighted with a red arrow. The 'Cobra Effective Date' column now shows '04-01-2015', also highlighted with a red arrow. The 'Add Cobra Beneficiary' button at the bottom right is also highlighted with a red arrow.

Name	Employment Termination Date	Coverage Termination Date	Cobra Effective Date	Actions
Pham,Joe	03-31-2015	03-31-2015	04-01-2015	Terminate

7. To complete the employee's COBRA election: From the Employee dashboard, click on *Enroll in Cobra*.

Please note: Employee with access to their account can enroll in Cobra. A broker can also enroll employee from broker dashboard and employer can enroll employee from the employer roster.

Overview Messages & Notices Enrollments & Plans Documents Broker/Navigator Appeals Changes in Circumstance

## Account Overview

Welcome back to the NY Small Business Marketplace! You can see important information about your employer sponsored coverage in your Account Overview. Click the tabs above to find out more about your insurance, or to manage your account.

XYZ Saloon <span>My Employer Details</span>		
EIN	Address	Primary Phone
256776756	495 Elmwood Ave, Albany, NY 12227	(518) 123-4567

### My Enrollments Application Incomplete

You are eligible to enroll in Cobra coverage Enroll in Cobra

▼ Enrollment Period

Open enrollment start date	04/07/2015	Open enrollment end date	06/15/2015
Coverage effective start date	04/01/2015	Coverage effective end date	02/29/2016

▶ Employer Contribution(s) by Coverage Tier

▶ Plan Benefits

### Messages and Notices Go to Inbox

⚠ You have 3 unread notice(s) in your Messages & Notices Inbox.

8. Moving through the enrollment application, the employee will be able to select the same plan as his or her previous enrollment, and may move down in enrollment tiers originally selected (move from “employee + family” to “employee” only) but may not select a tier that is greater than the previous enrollment. When all selections are in the Shopping Cart, click *Next*.

## Your Shopping Cart

Here are the plans you have selected.

**Effective Date:** 04/01/2015

### Health Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
 EmblemHealth	Select Care Platinum, Platinum, ST, INN, Dep29, DP, FP	\$0.00	\$704.27	\$0 / Person \$0 / Family	COBRA_INTERNAL	Joe Pham	<a href="#">Remove</a>

### Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
 GUARDIAN	Guardian Family Advantage Plus	\$0.00	\$26.90	\$0 / Person	COBRA_INTERNAL	Joe Pham	<a href="#">Remove</a>

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Decline Coverage

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9. Sign the employee agreement to complete enrollment and you will see the following confirmation.

Overview Messages & Notices Enrollments & Plans Documents Broker/Navigator Appeals Changes in Circumstance

You have successfully completed enrollment application. An email has been sent to your Employer, and your Broker or Navigator if you have one.

Your application confirmation number is: AAUXEN\_32467

We will notify you when your enrollment has been approved. You can also check enrollment status online at [Enrollments and Plans](#)

### Employee Initiated Enrollment into COBRA

10. An employee may initiate a change in circumstance that triggers a COBRA enrollment opportunity **for their spouse or dependent** (COBRA beneficiary). A broker or employer can make this change for an employee who does not have access to their account. From the employee dashboard, go to the Changes in Circumstances tab and select “Type of Change” (i.e. “Divorce” or “Dependent Status Change”), “Date of Occurrence”, and click *Add*.

Overview Messages & Notices Enrollments & Plans Documents Broker/Navigator Appeals **Changes in Circumstance**

### Report Changes in Circumstances

Changes to your household numbers may affect your health insurance coverage costs and options. It is important to update your account as soon as possible when changes occur. Please select the type of change(s) you wish to report for you or your household. Most changes must be reported within 30 days of their occurrence.

**Select a Change in Circumstance**

Type of Change:  Member:

Date of Occurrence:

Report Changes in Circumstances				
Member	Type of Change	Date of Occurrence	Report Date	Action

11. The reported change in circumstance will now display below the Add button. **To complete this action, click on *Report Changes*.**

Overview Messages & Notices Enrollments & Plans Documents Broker/Navigator Appeals **Changes in Circumstance**

## Report Changes in Circumstances

Changes to your household numbers may affect your health insurance coverage costs and options. It is important to update your account as soon as possible when changes occur. Please select the type of change(s) you wish to report for you or your household. Most changes must be reported within 30 days of their occurrence.

Thank you. Your employer will be notified and you may be able to make changes to your health coverage.

### Select a Change in Circumstance

Type of Change Member

--Select-- --Select--

Date of Occurrence

MM/DD/YYYY  Add >>

Report Changes in Circumstances				
Member	Type of Change	Date of Occurrence	Report Date	Action
Oliver Gillis	Dependent Status Change	03-31-2015		

<< Cancel Report Changes

12. The system will take you into the original application. As you move through the “Edit Household” portion of the online application, you can remove a spouse or child as applicable. Click on *Next*.

First Name *	Middle Name	Last Name *	Suffix
<input type="text" value="Oliver"/>	<input type="text"/>	<input type="text" value="Gillis"/>	<input type="text" value="--Select-"/>

Social Security Number/Tax ID

<input type="text" value="..."/>	<input type="text" value=".."/>	<input type="text" value="1234"/>
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The Marketplace is a secure site and will use your SSN for identity verification purposes only.

Date of Birth \* Gender \* ||  | Male  Female |

Only add dependents you will be covering on this plan

Only select YES, below, if the dependents you are enrolling have health insurance coverage elsewhere.

Does anyone in your family have other health insurance?

No  Yes

13. Select a new tier of coverage for employee now applicable since removal of spouse/dependent. When final plan selections are in the Shopping Cart, click *Next*. **Please note:** Employee agreement must be signed, and a confirmation message will display, indicating that enrollment is complete. **If the spouse or dependent removed from this enrollment wishes to elect COBRA, the employer or broker must add this COBRA beneficiary from the employer account.**

## Your Shopping Cart

Here are the plans you have selected.

**Effective Date:** 04/01/2015

### Health Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	MVP Premier Silver Silver ST INN Dep29 DP FP	\$418.42	\$0.00	\$2,000 / Person \$4,000 / Family	Full time staff	Jane Gillis	<a href="#">Remove</a>

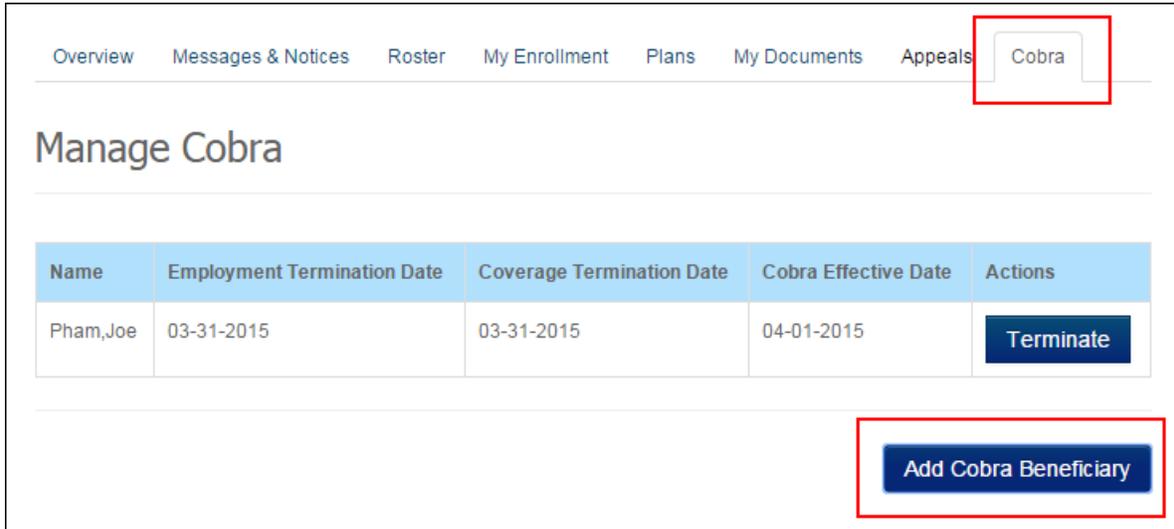
### Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	Delta Dental PPO Basic Plan for Families for Small Businesses NS OON Family Dental Dep 25	\$0.00	\$14.25	\$65 / Person \$195 / Family	Full time staff	Jane Gillis	<a href="#">Remove</a>

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## Adding a COBRA Beneficiary

14. If a previously enrolled spouse or dependent wishes to enroll in COBRA, the broker or employer must go to the employer account and, from the Cobra tab, click on *Add Cobra Beneficiary*.

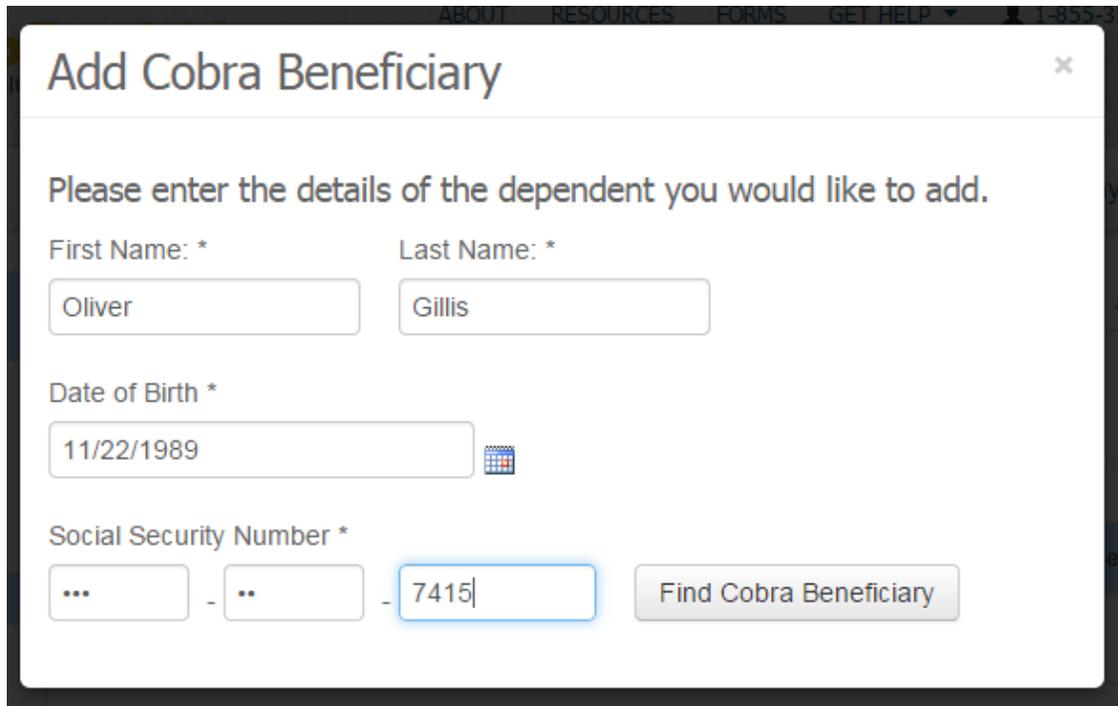


The screenshot shows a web interface with a navigation bar at the top containing links for Overview, Messages & Notices, Roster, My Enrollment, Plans, My Documents, Appeals, and Cobra. The Cobra link is highlighted with a red box. Below the navigation bar is the heading "Manage Cobra". Underneath is a table with the following data:

Name	Employment Termination Date	Coverage Termination Date	Cobra Effective Date	Actions
Pham,Joe	03-31-2015	03-31-2015	04-01-2015	<a href="#">Terminate</a>

At the bottom right of the interface, there is a blue button labeled "Add Cobra Beneficiary" which is also highlighted with a red box.

15. A pop up will display, requiring the beneficiary's First and Last Name, Date of Birth, and Social Security Number. Click on *Find Cobra Beneficiary*.



The screenshot shows a pop-up window titled "Add Cobra Beneficiary" with a close button (X) in the top right corner. The window contains the following text and form fields:

Please enter the details of the dependent you would like to add.

First Name: \*  Last Name: \*

Date of Birth \*  

Social Security Number \*  -  -

16. If the beneficiary is found, the system will display the message, “Found the dependent”. The broker or employer will then need to add some additional information by scrolling down through the pop up window. Add dependent contact information such as address, phone number, and email. Click on *Save Changes*.

The screenshot shows a web form titled "Add Cobra Beneficiary". The form contains the following fields and elements:

- Title:** Add Cobra Beneficiary
- Instruction:** Please enter the details of the dependent you would like to add.
- First Name:** \* Oliver
- Last Name:** \* Gillis
- Date of Birth:** \* 11/22/1989
- Social Security Number:** \* ... - .. - 7415
- Button:** Find Cobra Beneficiary
- Message:** Found the dependent (highlighted with a red box)

17. The COBRA beneficiary will now display on the Manage Cobra screen with an Enroll button (as long as the termination date has passed). Employer or broker can click *Enroll* and the button will change to terminate. This will send a notice to the beneficiary regarding a COBRA enrollment opportunity and including a participation code that can be used to access their account.

**Please note: By clicking the Enroll button from this screen, the employer or broker is making COBRA available to the beneficiary, who still must enroll in COBRA through their account or by proxy (broker or employer).**

The screenshot shows the "Manage Cobra" screen with a navigation menu at the top: Overview, Messages & Notices, Roster, My Enrollment, Plans, My Documents, Appeals, Cobra. The main content area contains a table with the following data:

Name	Employment Termination Date	Coverage Termination Date	Cobra Effective Date	Actions
Pham,Joe	03-31-2015	03-31-2015	04-01-2015	Terminate
Gillis,Oliver	03-31-2015	03-31-2015	04-01-2015	Enroll

At the bottom right of the screen, there is a button labeled "Add Cobra Beneficiary". The "Enroll" button in the table is highlighted with a red box.

18. To enroll the beneficiary into COBRA from the broker dashboard, find the beneficiary under the Employee tab and click on *Enroll*. Beneficiary should also show up on the employer roster and can be enrolled from there. If the beneficiary has created an account, he or she may enroll themselves from their account. The application must be completed by confirming the beneficiary's DOB and SSN and enrolling into the same plan as the previous enrollment, moving down to the appropriate tier of coverage (i.e. Employee Only).

## My Clients

Employer **Employee** Individual

Select Associated Agency \*      Select Associated Employer \*

Direct Clients      Brenda Donnelly

### Search Employee

Filter Options

Employee's Name      Last 4 Digits of SSN

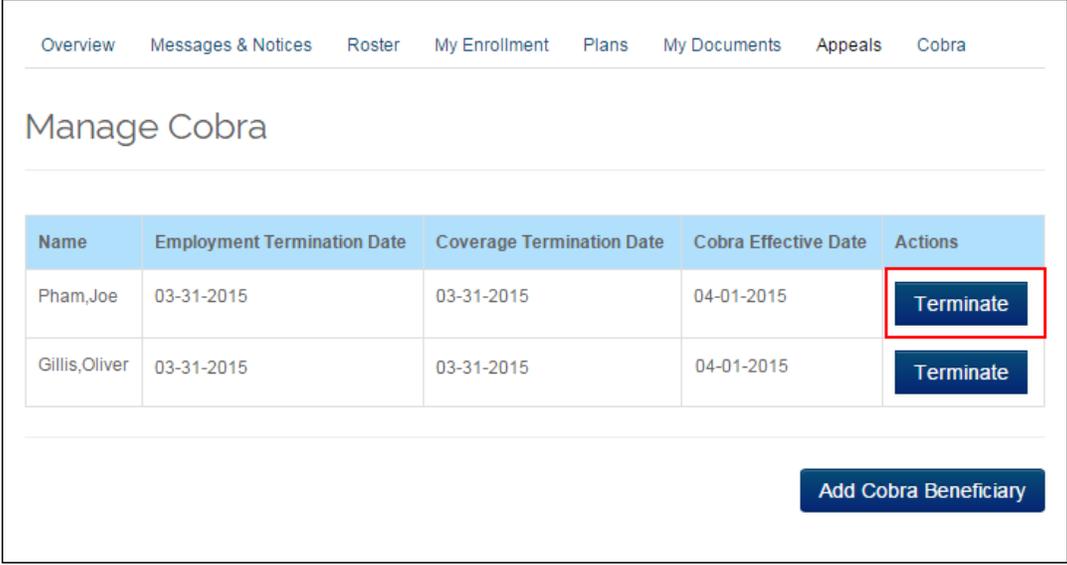
           [Reset All](#)

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Employee Name	SSN	Phone Number	Employee Code	Class	Actions
Joe Pham	*****4321	(518)123-4567	01	COBRA_INTERNAL	<a href="#">Manage</a>
Oliver Gillis	*****7415	5184568794	03	COBRA_INTERNAL	<a href="#">Enroll</a>
Laura Connelly	*****4561	(518)562-9874	03	Executive staff	<a href="#">Enroll</a> <a href="#">Invite</a>
Jane Gillis	*****9123	(518)123-4567	02	Full time staff	<a href="#">Manage</a>

## How to Terminate a COBRA Enrollment

19. The Terminate button will be used if the employee or beneficiary no longer wishes to participate in COBRA or fails to make payment for the COBRA benefit. From the “Manage Cobra” screen, find the former employee or beneficiary and click *Terminate*.



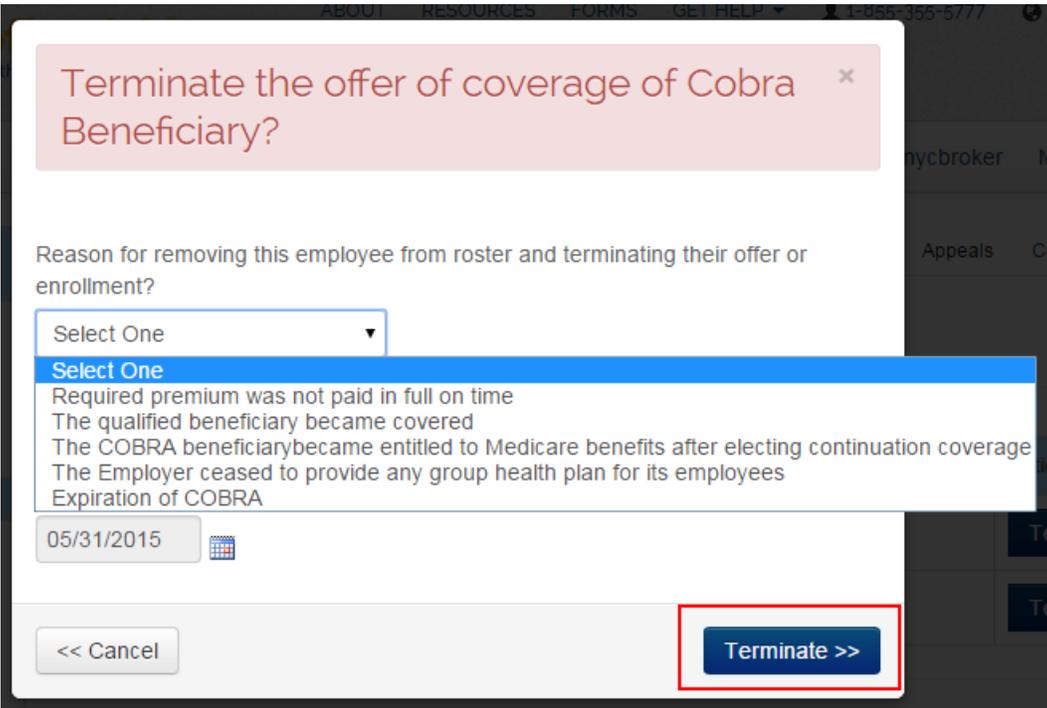
Overview Messages & Notices Roster My Enrollment Plans My Documents Appeals Cobra

### Manage Cobra

Name	Employment Termination Date	Coverage Termination Date	Cobra Effective Date	Actions
Pham,Joe	03-31-2015	03-31-2015	04-01-2015	<b>Terminate</b>
Gillis,Oliver	03-31-2015	03-31-2015	04-01-2015	<b>Terminate</b>

**Add Cobra Beneficiary**

20. The following choices will appear in a pop up window. Broker/employer should select the appropriate reason for the termination and click *Terminate*. Coverage will terminate at the end of the month in which the termination is reported. Once terminated from COBRA coverage, the enrollee’s name will disappear from the “Manage Cobra” screen.



Terminate the offer of coverage of Cobra Beneficiary? ×

Reason for removing this employee from roster and terminating their offer or enrollment?

Select One

- Select One
- Required premium was not paid in full on time
- The qualified beneficiary became covered
- The COBRA beneficiary became entitled to Medicare benefits after electing continuation coverage
- The Employer ceased to provide any group health plan for its employees
- Expiration of COBRA

05/31/2015 

<< Cancel **Terminate >>**