

How Offer COBRA & Enroll Terminated Employee's

Employer/Broker Initiated COBRA Offer for a Terminated Employee

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

AC0000050211 - Christa Smith

State Unique ID: 2017EIT License: EIT2017 Certification: SI00140 [View](#) Expiration: 2019-03-29 Status: Approved

[Overview](#) [My Profile](#) [My Clients](#) [My Inbox](#) [Documents](#) [Address History](#) [Useful Links](#)

Manage Clients [collapse](#)

Employer Employee Individual

Search Employer

Select your Agency or Direct Clients from the drop down to view all associated Employers or click "Add New Employer" to start a new Employer application. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency*
testnew

Filter Option
Show All

Add New Employer

Filter:

Show 50 entries

Results: 1 to 3 of 3

Company Name Primary Contact Name	Account ID Contact Number	No. of Employees	Eligibility Status	Enrollment Status	Renewal Date	Action
Din Warehouse Caroline Reynolds	AC0000050843 518-555-1212	0	PENDING	N/A	N/A	eligibility delete
Five Guys Christa Johnson	AC0000034280 518-555-1212	8	ELIGIBLE	COMPLETED	06/01/2018	manage delete
Little Black Dress Lisa McDowell	AC0000058336 516-555-1212	0	ELIGIBLE	N/A	N/A	manage invite delete

[Export CSV](#)

2. On the Employer's Eligibility Landing Page, click the *Access Legacy Account* link under the SHOP Navigation section. This allows Brokers to go to the Overview screen of the Employer's Legacy Account.

Five Guys

AC0000034280

Broker of Record: Christa Smith



Invitation Code: 1431693890885

Agency Affiliation: testnew

NY State of Health Small Business Marketplace (SHOP) provides access to quality, affordable health and dental insurance for small businesses and their employees. SHOP plans are offered by private insurance companies and cover essential health benefits and pre-existing conditions.

To review/print or mail your eligibility determination, select the letter below. Please keep this letter with your business records and be sure to provide a copy to your tax preparer. If you need to update your Employer information, click on [Edit Employer Information](#) to make changes and generate a new letter.

SHOP Document History

Document	Determination Date	Open to View/Print
Eligibility_Letter_2018	04/05/2018 - 12:03:44	 Open/Print
Eligibility_Letter_2018	03/28/2018 - 14:29:59	 Open/Print

[Click here to mail the most recent SHOP Eligibility Determination Letter to my business mailing address.](#)

Ready to enroll in coverage?

You can work with a SHOP certified broker/navigator or enroll directly through an [insurance carrier](#).

To be eligible for the tax credit you must enroll in a SHOP certified plan.

- > [Browse SHOP certified plans and prices](#)
- > [View contact information for SHOP certified insurance carriers](#)
- > [See if you qualify for the small business tax credit](#)
- > [View small business tax credit calculator](#)

SHOP Navigation

- > [Edit Employer Information - Submit Eligibility Determination](#)
- > [Access Legacy Account](#)
- > [Return to Agent Portal](#)

- From the employer's Roster, select the employee for whom you wish to initiate a COBRA enrollment opportunity. To delete the employee from the roster, click the *Terminate* button under Actions. (There will be a *Delete* button for employees who are not enrolled – they will not be eligible for COBRA coverage.)

Please note: An enrolled employee must first be terminated from the roster before they're eligible to enroll in COBRA. Once the termination date has passed, the COBRA opportunity will appear.

1 to 7 of 7 Entries < Previous Next >

Edit	First Name	Last Name	Address	Class	Enrollment Status	Participation Code	Actions
⊕ Active	Ash	George	901 Happy Trail, Stamford, NY 12167	Management staff		Not yet offered	<div>Delete</div> <div>Invite</div>
⊕ Active	Christa	Johnson	67 Justice Lane, Cherry Valley, NY 13320	Management staff	Notified	18008109472	<div>Delete</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Stanley	Briggs	520 Cruiser Blvd, Schenectady, NY 12305	Full time staff	Submitted	52224074971	<div>Terminate</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Deanna	Potter	45 Front St, Rensselaer, NY 12144	Full time staff	Submitted	73574308842	<div>Terminate</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Shelby	Cobra	456 State St, Schenectady, NY 12304	Full time staff	Completed	24662494055	<div>Terminate</div> <div>Manage</div> <div>Invite</div>
⊕ Active	John	Smith	690 Mann Ave, Rensselaer, NY 12144	Full time staff	Completed	59851176248	<div>Terminate</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Andrea	Burke	34 Jump Street, Rensselaer, NY 12144	Full time staff	Completed	39361479559	<div>Terminate</div> <div>Manage</div> <div>Invite</div>

4. 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

Terminate Offer of Coverage

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

Your action will impact your employee(s) current insurance coverage. Are your sure you want to continue?

☒ Yes ☐ No

Reason for terminating insurance?

Employment Terminated

Coverage End Date (Click on the Calendar icon to terminate the employee on a different Date)

12/31/2018

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Continue >>

A red arrow pointing from the right towards the dropdown menu labeled 'Employment Terminated'.

5. On the roster, you will see the employee is now listed under “Deleted Employees”.

Deleted Employees

1 to 5 of 9 Entries < Previous Next >

Employee Code	Employee Name	SSN	Status	Termination Date	Primary Reason for Termination	Action
195252	Andrea Burke	***-**-1952	Deleted	12/31/2018	Employment Terminated	<div>Reinstate</div> <div>Move Back to Roster</div> <div>Offer COBRA</div> <div>Remove from Roster</div>

Create Offer

AFTER the coverage termination date has passed, the *Offer COBRA* button will appear. It will be present for that specific employee for 60 days.

Example: The screen shot above displays a Termination Date of 12/31/18. The Offer CORBA button will not appear until 1/1/19.

By clicking the *Offer COBRA* 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, call canter or employer).

Other buttons that display for deleted/terminated Employees:

- **Reinstate** – This button will appear for 30 days after the termination date. This allows the Employer/Broker to Reinstate the employee back to their original coverage without a gap in coverage.
- **Move Back to Roster** – This button will appear for the employee through the plan year. This allows the Employer/Broker to give the employee a new coverage offer by first selecting a new Hire Date. They should then be put into a class and given an offer of coverage. The employee will enroll with a new plan year, can enroll in a new plan and will have a new deductible and co-pays (if applicable from the plan)
- **Remove from Roster** – This button will permanently delete the employee from the Roster. This should only be used in specific instances such as mistakenly adding an employee twice or adding them with incorrect information that cannot be corrected after an offer is made (i.e. SSN, Name misspelling) and must be completed prior to the employee's initial enrollment. Once completed, the employee can be re-added to the Roster with the correct information if needed.

6. Once the *Offer COBRA* button is clicked, the terminated employee will return to the Roster with a status of **COBRA Beneficiary**. Once returned to the Roster, the employee is given the same *participation code*. They will have a *delete* button, to delete the offer or COBRA coverage as needed. The *Enroll* button will display for the Employer/Broker to enroll the employee into COBRA. The Invite button will display IF the employee does not have a NYS Gov.ID to access their account. The Invite button should only be utilized after the initial enrollment into a COBRA plan.

Edit	First Name ▲▼	Last Name ▲▼	Address	Class ▲▼	Enrollment Status ▲▼	Participation Code ▲▼	Actions
⊕ Active	Christa	Johnson	67 Justice Lane, Cherry Valley, NY 13320	Management staff	Notified	18008109472	<div>Delete</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Stanley	Briggs	520 Cruiser Blvd, Schenectady, NY 12305	Full time staff	Submitted	52224074971	<div>Terminate</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Deanna	Potter	45 Front St, Rensselaer, NY 12144	Full time staff	Submitted	73574308842	<div>Terminate</div> <div>Manage</div> <div>Invite</div>
⊕ Active	Shelby	Cobra	456 State St, Schenectady, NY 12304	Full time staff	Completed	24662494055	<div>Terminate</div> <div>Modify Employee Offering</div> <div>Manage</div> <div>Invite</div>
⊕ Active	John	Smith	690 Mann Ave, Rensselaer, NY 12144	Full time staff	Submitted	59851176248	<div>Terminate</div> <div>Modify Employee Offering</div> <div>Manage</div> <div>Invite</div>
⊕ Cobra Beneficiary	Andrea	Burke	34 Jump Street, Rensselaer, NY 12144	COBRA_INTERNAL	In Progress	39361479559	<div>Delete</div> <div>Enroll</div> <div>Invite</div>

7. As the Broker, you have the ability to enroll the employee into a COBRA plan from the Employer's Roster or from the Broker Portal. On the Employer Portal, click the *Enroll* button on the Roster to begin or, click the *Return to Agent Portal* button in the left hand navigation bar to go back to your Broker Portal.

[Return to Agent Portal](#)

8. From the Broker Portal, select *My Clients* tab and then the *Employee* tab. Then select the *Associated Agency* and the *Associated Employer*. Once both are selected, the *Select Associated Employer Coverage* pick list will appear. Select the plan year to pull up the terminated employee that needs to be enrolled into COBRA. The terminated employee will appear with an *Enroll* button and an *Invite* button and will now display in the COBRA_Internal Class. Click the *Enroll* button to begin enrolling the terminated employee into COBRA coverage.

AC0000050211 - Christa Smith

State Unique ID: 2017EIT License: EIT2017 Certification: SI00140 View Expiration: 2019-03-29 Status: Approved

Overview My Profile My Clients My Inbox Documents Address History Useful Links

Manage Clients collapse

Employer Employee Individual

Search Employee

Select your Agency or Direct Clients from the drop down then select associated Employer to view all associated employees. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency *
testnew

Select Associated Employer *
Christa Johnson

Select Associated Employer Coverage *
Current Coverage (Effective Date:)

Filter: Show 50 entries

Results: 1 to 6 of 6

Employee Name	SSN Phone Number	Employee Code	Class	Employee Enrollment Offer Status	Enrollment Status	Renewal Status	Actions
Andrea Burke	***.**-1952 518-555-1215	195252	COBRA_INTERNAL	COMPLETED	IN PROGRESS		enroll invite
Christa Johnson	***.**-1038 518-555-1212	EMP06	Management staff	COMPLETED	NOTIFIED	MANUAL	enroll invite
Deanna Potter	***.**-1991 518-867-5309	DP1991	Full time staff	COMPLETED	SUBMITTED	AUTO	manage invite
John Smith	***.**-1973 518-555-1234	1973	Full time staff	COMPLETED	SUBMITTED		manage invite
Shelby Cobra	***.**-1985 518-555-3535	1985	Full time staff	COMPLETED	SUBMITTED		manage invite
Stanley Briggs	***.**-1020 518-221-2121	S802	Full time staff	COMPLETED	SUBMITTED	AUTO	manage invite

Export CSV

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Account and Identity Information

NY State of Health includes protected systems that contain United States ("US") and New York State government information. User actions are monitored and audited under strict US and New York State Government regulations. Authorized users agree to perform only authorized functions regarding the application for and enrollment in health insurance coverage and agree to take responsibility for all actions performed from their accounts.

Unauthorized use of these systems is prohibited and subject to criminal and civil sanctions, including but not limited to those outlined in Title 26 of the United States Code, Sections 7213 7213A and 7431; Title 18 NYCRR; NYS Penal Law Section 156; NYS Social Services Law and NYS Public Health Law. Penalties for misuse of Federal Tax Information or Medicaid recipient data may include, but are not limited to, fines of up to \$5000 and/or imprisonment for up to 5 years.

Tell us some additional information about yourself. We use this information to confirm your identity before the Marketplace can check any federal or state data, or release information regarding your health insurance coverage. Confirming your identity helps us protect your personal information and privacy.

Personal Details

Tell us about the adult who will be the contact person for this application. Tell us your gender, date of birth, and Social Security Number (SSN).

First Name * Middle Name Last Name * Suffix
Suzanne [] Summers [] --Select- [v]

Gender *

☐ Male ☒ Female

Date of Birth *

06 - 22 - 1969

Social Security Number *

The Marketplace needs a Social Security number (SSN) if you want health coverage and have a SSN or can get one. You may not qualify for health coverage if you do not tell us your SSN, if you have one. We use SSNs to check income and other information to see who is eligible for help paying for health coverage.

[] - [] - 0987

Confirm Social Security Number *

[] - [] - 0987

The Marketplace will send information such as notices and insurance cards to your mailing address. Type in your street address in Address Line 1. Write in your apartment number, room number, or suite number in Address Line 2.

Home Address

Tell us where you live. Enter the house or building number and street name in Address Line 1. Tell us the street address that is on your U.S. Driver's License or other government issued Photo-ID. If you have an apartment number, room number, or suite number, enter it in Address Line 2. Your home address cannot include a P.O. Box.

Address Line 1 * Apt/Suite Address Line 2
22 Summers Drive [] []

City * Zip Code * County * State *
Mechanicville 12118 RENSSELAER NEW YORK

Mailing Address

The Marketplace may send information such as notices to your mailing address. Enter the house or building number and street name or a P.O. Box in Address Line 1. Enter your apartment number, room number, or suite number in Address Line 2. If you want your mail sent in care of another person, begin by writing C/O followed by the person's name in Address Line 2.

☐ My mailing address is the same as my residential address.

Address Line 1 * Apt/Suite Address Line 2
22 Summers Drive [] []

City * Zip Code * County * State *
Mechanicville 12118 RENSSELAER NEW YORK

☐ Click here if you want your mail sent in care of another person

Telephone Numbers

The Marketplace will use the primary phone number if we need to contact you about your account or health coverage. You can include another phone number where we can reach you.

Primary Phone Number * Extension Type *
(518) 212 - 2222 x [] Home [v]

☐ Use this number when contacting me by phone.

There may be situations where we need to contact you immediately about your health coverage and need to reach you as soon as possible by phone. For example, we may need to reach out to you if you are appealing an eligibility determination made by the Marketplace.

☐ Check here if you would like to get information and all future communications about your applications by email.

Email Address

christa.baynard@health.ny.gov

Language Preferences

Tell us the language you prefer to speak or read so that we can better accommodate your needs.

Preferred Language - Spoken * Preferred Language - Written *
English English

If you want notices provided in another format due to blindness or visual impairment, call the Marketplace at 1-855-355-5777 (TTY: 1-800-662-1220).

☒ I agree with the General Privacy Attestation

9. After clicking the Enroll button from the Broker Portal (or from the Employer's Roster), the terminated employee's Account and Identity Information page appears.

All required fields are marked with an asterisks (*) and must be completed. You must have the employee's personal information on hand to complete this screen. Personal information needed includes:

- First Name
- Last Name
- Gender
- Date of Birth
- Social Security Number
- Home Address
- Mailing Address (if different)
- Telephone Number(s)
- Personal Email Address
- Language Preferences

Click *Next*.

Note: If there are dependents enrolling into COBRA you may need their personal information for an upcoming screen.

10. Once the terminated employee's information is entered, you'll be brought to the Client Enrollments screen. Any previous enrollments will display in yellow. Click the blue *Enroll* button to continue choosing a plan for the COBRA enrollment.

[Return to Agent Portal](#)

Client Enrollments

[Employee Dashboard](#)

Employer ID	Employer Name	Enrollment ID	Enrollment Status	Action
HC4215	Five Guys	ES141423	In Progress	Enroll
HC4215	Five Guys	ES141421	Terminated	

11. The next page to display is the My Employer screen which contains the Employer info, Employee Family Details, the ability to delete a dependent (cannot add a dependent to COBRA Coverage), Ethnicity and Race and Other Insurance Coverage sections. Then the plan selection screens appear. The existing plan should already be selected. This can be changed by removing it from the Cart and then Adding a new Plan to the Cart. Then review the selected plan(s). Any Health, Dental and Pediatric Dental plans chosen will appear on this screen along with the Members enrolled in each plan. Once reviewed, click *Next*.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000062814
Andrea Burke
[Account Settings](#)

HOUSEHOLD INFORMATION [Edit](#)

Mailing Address:
34 Jump Street,
Rensselaer NY, 12144
Primary Phone:
(471) 555-1215

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[Documents](#)
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[Address History](#)
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Review Shopping Cart

Plan Year: Jan 1, 2019 to May 31, 2019


Here are the plans you have selected.

Effective Date: 01/01/2019

Health Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	MVP Premier Gold 2 ST3PCP INN Dep25 DP FP Telemedicine Wellness	\$0.00	\$1,369.72	\$650 / Person \$650 per person \$1300 per group / Family	COBRA_INTERNAL	Andrea Burke Tim Burke	Remove

Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	Family Dental, NS INN, DP, DEP, 29	\$0.00	\$46.50	Not Applicable per person not applicable per group not applicable / Family	COBRA_INTERNAL	Andrea Burke Tim Burke	Remove

[<< Back](#) [Decline Coverage](#) [Next >>](#)

12. Check the box that you have read the Agreement. You may also download or print the agreement by clicking the associated buttons in the upper right-hand corner of the screen. Click *Next* once complete.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000062814
Andrea Burke
Account Settings

HOUSEHOLD INFORMATION

Edit

Mailing Address:
34 Jump Street,
Rensselaer NY, 12144
Primary Phone:
(471) 555-1215

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Return to Agent Portal

Agreement

Please read the agreement. Then click Agree to show that you have read the statements and agree with them. Your signature will complete your enrollment.

DownloadPrint

I know that the information provided will only be used to determine if I qualify for health insurance and will be kept private as required by law.

I know that I must tell the NY State of Health if anything I wrote on this application changes. I should call 1-855-355-5777 or visit www.nystateofhealth.ny.gov to report changes

I understand that any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Consent Language

I understand that I am providing personal information to the NY State of Health, of the New York State Department of Health, so that the NY State of Health may verify that I am a qualified employee who is allowed to enroll in coverage offered to me from my qualified employer through the Small Business Marketplace. I consent to the use and disclosure of my personal information by the NY State of Health for this purpose.

Right to Appeal

You have a right to appeal the decisions the NY State of Health makes about whether or not you qualify for coverage. To appeal means to tell someone at the NY State of Health that you think the decision on your application is wrong, and to ask for a fair review of the decision. You can find out how to appeal by contacting the NY State of Health at 1-855-355-5777.

☐ I have read and agreed to the Privacy and Security Requirements * *

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13. The system will display a confirmation screen within the Employee's portal. This confirms the enrollment has been completed on the NYSOH website. Click the blue *Return to Agent Portal* button on the left side navigation menu.

ACCOUNT HOLDER INFORMATION

Account Number:
AC0000062814
Andrea Burke
Account Settings

HOUSEHOLD INFORMATION Edit

Mailing Address:
34 Jump Street,
Rensselaer NY, 12144
Primary Phone:
(471) 555-1215

Overview

Messages & Notices

Enrollments & Plans

Documents

Broker/Navigator

Report Change In Circumstance

Address History

Other Insurance Information

Return to Agent Portal

Confirmation

Plan Year: Jan 1, 2019 to May 31, 2019

You have successfully completed enrollment application. You can view your enrollment status by clicking on the "Enrollments & Plans" tab.

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

[Click here](#) to navigate to Roster tab of the corresponding employer.

[Click here](#) to navigate to employee search of MyClients tab on your AGENT profile.

14. The COBRA employee will display on the Search Employee screen of the Broker Dashboard. Employees can be viewed by clicking the Employee tab within the My Clients tab, selecting the Associated Agency and Associated Employer. Terminated employees that enroll in a COBRA offer will appear in the COBRA_Internal class. Click the Manage button to access the employee account. Click the Invite button to invite the employee to create credentials to access their account.

AC0000050211 - Christa Smith

State Unique ID: 2017EIT
License: EIT2017
Certification: SI00140
View
Expiration: 2019-03-29
Status: Approved

Overview
My Profile
My Clients
My Inbox
Documents
Address History
Useful Links

Manage Clients
collapse

Employer
Employee
Individual

Search Employee

Select your Agency or Direct Clients from the drop down then select associated Employer to view all associated employees. Within the search result, you can search my client list by entering text in the filter or by sorting by column name.

Select Associated Agency *
testnew

Select Associated Employer *
Christa Johnson

Select Associated Employer Coverage *
Current Coverage (Effective Date:)

Filter:
Show 50 entries

Results: 1 to 6 of 6

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Employee Name	SSN Phone Number	Employee Code	Class	Employee Enrollment Offer Status	Enrollment Status	Renewal Status	Actions
Andrea Burke	***.**-1952 518-555-1215	195252	COBRA_INTERNAL	COMPLETED	COMPLETED		manage invite
Christa Johnson	***.**-1038 518-555-1212	EMP06	Management staff	COMPLETED	NOTIFIED	MANUAL	enroll invite
Deanna Potter	***.**-1991 518-867-5309	DP1991	Full time staff	COMPLETED	SUBMITTED	AUTO	manage invite
John Smith	***.**-1973 518-555-1234	1973	Full time staff	COMPLETED	SUBMITTED		manage invite
Shelby Cobra	***.**-1985 518-555-3535	1985	Full time staff	COMPLETED	SUBMITTED		manage invite
Stanley Briggs	***.**-1020 518-221-2121	SB02	Full time staff	COMPLETED	SUBMITTED	AUTO	manage invite

Export CSV

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Please Note: Premiums for COBRA coverage are paid directly to the employer by the terminated employee. The COBRA enrollee will appear on the Employer's monthly invoice and it is their responsibility to send the entire group's payment to the NYSoH. If payment is not received, the Employer has the right to terminate the enrollee's coverage back to the last month the premium was paid in full.

For direction on how to offer a COBRA enrollment opportunity to a qualified dependent, please see the User Guide *How to Offer COBRA to Eligible Dependents*.