

## How to Offer COBRA to Eligible Dependents

Offering COBRA to a dependent is generally the result of a Change in Circumstance for the employee. Change in Circumstance reasons that would result in a dependent receiving a COBRA enrollment opportunity include:

- Divorce
- Retirement
- Death
- Medicare

A dependent of an employee may also be eligible for COBRA if they age off their parent's policy at age 26 or 30, depending on the plan and the Riders offered by the Employer. When a dependent age's off the NYSoH system, the termination is done automatically for the end of the month which the dependent reaches their age-off birthday. They are also notified by the NYSoH 45 days prior to the event. Once the dependent is officially off the coverage, they can be searched beginning with step # 13.

In cases of Retirement, Death and Employee receipt of Medicare, the employee would be terminated from the Employer's Roster. See the "*How to Delete an Employee from the Roster*" User Guide for further information on deleting or terminating an existing employee. Once complete, begin with step #13 in this User Guide to offer COBRA Coverage to an eligible dependent. Otherwise, follow the steps below to complete the Change in Circumstance and send an offer of COBRA coverage to qualified dependents.

*Please Note:* As with terminated employee's, premiums for COBRA coverage are paid directly to the employer. 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.

- From the Broker Dashboard, find the employee that needs to complete a Change in Circumstance. To do this, click on the *My Clients* tab then the *Employee* tab. Then, select the *Associated Agency*, the *Associated Employer* and the *Associated Employer Coverage*. A list of all Employee's belonging to the selected employer group will appear. Click the *Manage* button of the employee who needs to record a Change in Circumstance.

AC000050211 - 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	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](#)



- On the Report Change in Circumstance screen, select the *Type of Change* from the drop-down menu. Using the calendar icon, select the *Date of Occurrence*. In most instances, insurance will carry to the end of the month following the date recorded. (The only pro-rated changes in the Small Business Marketplace are Birth, Adoption and Death.) Once the Date of Occurrence is selected, the *Coverage Effective Date* will automatically populate and cannot be changed. Then, select the dependent affected(s) by the change by checking the box next to their name. Click *Report Change*.

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000062689  
John Smith  
Account Settings

**HOUSEHOLD INFORMATION** Edit

**Mailing Address:**  
690 Mann Ave,  
Rensselaer NY, 12144  
**Primary Phone:**  
(518) 555-1234

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**Report Change In Circumstance**

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## Report Change in Circumstance

Plan Year: Nov 1, 2018 to May 31, 2019

Changes to your household members may affect your 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 you want to report.

- Marriage, Relocation and Loss of Coverage can be reported up to 30 days before or after the date of the event.
- Loss of Medicaid/CHIP can be reported up to 60 days after the date of the event.
- All other qualifying events need to be reported within 30 days of the event.
- You can change your last name without adding a dependent when reporting marriage, below.

Select a Change in Circumstance

Type of Change: Divorce/Legal Separation      Date of Occurrence: 02/05/2019

Coverage Effective Date will be: 03/01/2019

Coverage will terminate at the end of the month of the date of occurrence for the removed spouse/dependent.

	Name	Relationship	DOB	SSN/ITIN
<input type="checkbox"/>	Hunter Smith	Child	03/22/2015	xxx-xx-2015
<input checked="" type="checkbox"/>	Samantha Smith	Spouse	09/24/1975	xxx-xx-1001

<< Cancel      Report Change >>

- A pop-up message will appear that you will be directed to the Household Information screen to update necessary information. Click *OK*.

### Report Change in Circumstance

You will be directed to the Household Information screen where you will be able to update any necessary information. You must then proceed to the plan(s) selection page and complete the enrollment flow until you receive the 'Congratulations' message. Your changes will not be finalized until you complete this entire process.

OK

5. On the Edit Household Information screen, confirm all of the employee information is correct. On the bottom of this screen confirm any remaining dependent information. The selected Spouse should already be removed from this screen. Click *Next* to select a plan.

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000062689  
John Smith  
Account Settings

**HOUSEHOLD INFORMATION** Edit

Mailing Address:  
690 Mann Ave,  
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Primary Phone:  
(518) 555-1234

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## Edit Household

Nov 1, 2018 to May 31, 2019 ▾

### Employee Family Details

Here are the details of the insurance you are being offered through your employer. If your Employer also offers coverage to other members of your family, you will be able to enter their information so they can be enrolled in your plan.

Self

First Name \* Middle Name Last Name \* Suffix

John [ ] Smith --Select- ▾

SSN/ITIN \*

[ ] [ ] 1973

The Marketplace is a secure site and will use your SSN for identity verification purposes only.

Birth Date \* Gender \*

10/01/1973  Male  Female

### Residential Address

Address Line 1 \* Address Line 2

690 Mann Ave [ ]

City \* Zip \* County \* State \*

Rensselaer 12144 RENSSELAER NY

6. On the Select Plans screen, the existing plan and new plan tier will already be selected. The remaining employee may also choose to change plans completely if needed. Click the Add to Cart button to add a new plan/plan tier to the cart. Click *Next* and repeat steps on the Select Dental Plans screen and Pediatric Dental screen if applicable.

 56184NY0160021 <b>MVP Premier Gold ST INN Dep25</b> DP FP Telemedicine Wellness	Gold QHP ALBANY,RENSSELAER Employee	\$156 <sup>97</sup>	\$470 <sup>89</sup>	\$600 / Person \$600 per person   \$1200 per group / Family	Add to Cart
	Gold QHP ALBANY,RENSSELAER Employee+Spouse	\$313 <sup>93</sup>	\$941 <sup>79</sup>	\$600 / Person \$600 per person   \$1200 per group / Family	Add to Cart
	Gold QHP ALBANY,RENSSELAER Employee+Child	\$266 <sup>87</sup>	\$800 <sup>59</sup>	\$600 / Person \$600 per person   \$1200 per group / Family	Remove
	Gold QHP ALBANY,RENSSELAER Employee+Family	\$447 <sup>49</sup>	\$1,342 <sup>46</sup>	\$600 / Person \$600 per person   \$1200 per group / Family	Add to Cart

<< Back Next >>

 92786NY0020004 <b>Family Dental,NS INN,DP,DEP,29</b>	Low QHP ALBANY,RENSSELAER Employee	\$0 <sup>00</sup>	\$23 <sup>25</sup>	per person not applicable   per group not applicable / Family	Remove
	Low QHP ALBANY,RENSSELAER Employee+Spouse	\$0 <sup>00</sup>	\$46 <sup>50</sup>	per person not applicable   per group not applicable / Family	Add to Cart
	Low QHP ALBANY,RENSSELAER Employee+Child	\$0 <sup>00</sup>	\$59 <sup>57</sup>	per person not applicable   per group not applicable / Family	Add to Cart
	Low QHP ALBANY,RENSSELAER Employee+Family	\$0 <sup>00</sup>	\$82 <sup>82</sup>	per person not applicable   per group not applicable / Family	Add to Cart

<< Back Next >>

- Once plans/tiers have been selected, review the plan information. If edits are needed, click the *Back* button on the bottom left side of the screen. If the plans and remaining members are correct, click *Next* to proceed.

ACCOUNT HOLDER INFORMATION

Review Shopping Cart

Plan Year: Nov 1, 2018 to May 31, 2019

Account Number:  
AC0000062689  
John Smith  
[Account Settings](#)

HOUSEHOLD INFORMATION Edit

Mailing Address:  
690 Mann Ave,  
Rensselaer NY, 12144  
Primary Phone:  
(518) 555-1234

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Return to Agent Portal

Here are the plans you have selected.

Effective Date: 03/01/2019

### Health Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	MVP Premier Gold ST INN Dep25 DP FP Telemedicine Wellness	\$266.87	\$800.59	\$600 / Person \$600 per person   \$1200 per group / Family	Full time staff	John Smith  Hunter Smith	<a href="#" style="background-color: #d9534f; color: white; padding: 2px 5px;">Remove</a>

### 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	\$23.25	Not Applicable per person not applicable   per group not applicable / Family	Full time staff	John Smith	<a href="#" style="background-color: #d9534f; color: white; padding: 2px 5px;">Remove</a>

### Pediatric Dental Plan

Insurance Carrier	Plan Name	Employer Monthly Share	Employee Monthly Share	Annual Deductible	Class	Members	Action
	Delta Dental PPO Pediatric Basic Plan for Small Businesses ST OON Pediatric Dental Dep 19	\$0.00	\$18.09	\$65 / Person \$65 per person   \$195 per group / Family	Full time staff	Hunter Smith	<a href="#" style="background-color: #d9534f; color: white; padding: 2px 5px;">Remove</a>

<< Back
Next >>

8. Sign the Agreement by checking the box and click *Next*. If you would like to print the document or download it to your computer, you may do either by clicking the corresponding buttons in the upper right-hand corner of the screen.

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000062689  
John Smith  
Account Settings

**HOUSEHOLD INFORMATION** [Edit](#)

**Mailing Address:**  
690 Mann Ave,  
Rensselaer NY, 12144  
**Primary Phone:**  
(518) 555-1234

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## 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. [Download](#) [Print](#)

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](http://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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9. Once complete, a confirmation screen will appear. Click the *Overview* tab on the left side navigation panel to go back to the Employee's Overview screen if you to review the account information. Otherwise, click the *Return to Agent Portal* button on the bottom of the left side navigation panel to return to the Broker Dashboard to begin the terminated Dependent COBRA offer.

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000062689  
John Smith  
Account Settings

**HOUSEHOLD INFORMATION** [Edit](#)

Mailing Address:  
690 Mann Ave,  
Rensselaer NY, 12144  
Primary Phone:  
(518) 555-1234

Overview  
Messages & Notices  
Enrollments & Plans  
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Address History  
Other Insurance Information  
**Return to Agent Portal**

**Confirmation** Plan Year: Nov 1, 2018 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.

10. From the Broker Dashboard, pull up the Employer account corresponding to the employee and terminated dependent. To do this, click the *Manage* button for the Employer account that needs to be accessed.

AC0000050211 - Christa Smith

License #: EIT2017 Certification #: SIO0140 [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	<a href="#">eligibility</a> <a href="#">delete</a>
Five Guys Christa Johnson	AC0000034280 518-555-1212	6	ELIGIBLE	COMPLETED	06/01/2018	<a href="#">manage</a> <a href="#">delete</a>
Little Black Dress Lisa McDowell	AC0000058336 516-555-1212	0	ELIGIBLE	N/A	N/A	<a href="#">manage</a> <a href="#">invite</a> <a href="#">delete</a>

[Export CSV](#)

11. From the Employer's Eligibility Landing screen, click the *Access Legacy Account* link under SHOP Navigation at the bottom of the screen.

**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	 <a href="#">Open/Print</a>
Eligibility_Letter_2018	03/28/2018 - 14:29:59	 <a href="#">Open/Print</a>

[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](#)

12. Select the radio button for the plan year needed to view. Then click *Continue >>*.

### Employer Plan Year Offering

Below are your plan year accounts. Please select the plan year you want to work with and then press "*Continue*".

For example, if you need to make an enrollment change in the current plan year, please select **Current Coverage**.  
Or, if you want to create an offering for next year, select **Prospective Coverage**.

#### Current Coverage

Select	Employer Name	Effective Start Date	Effective End Date	Status
<input type="radio"/>	Five Guys	06/01/2018	05/31/2019	Eligible

#### Past Coverage

Select	Employer Name	Effective Start Date	Effective End Date	Status
<input type="radio"/>	Five Guys	06/01/2017	05/31/2018	Eligible
<input type="radio"/>	Five Guys	09/01/2016	08/31/2017	Terminated
<input type="radio"/>	Five Guys	07/01/2015	06/30/2016	Eligible
<input type="radio"/>	Five Guys	05/01/2015	05/31/2015	Terminated

[<< Back](#) [Continue >>](#)

13. On the Employer's Overview screen, click the *Roster* tab on the left side navigation panel.

### ACCOUNT HOLDER INFORMATION

Account Number:  
AC0000034280  
Christa Johnson  
Account Settings

### COMPANY INFORMATION Edit

Five Guys  
EIN: 712345696  
726 EIT Street  
Albany NY 12203  
Primary Phone:  
(518) 555-1212

Overview  
Messages & Notices **112**  
**Roster**  
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EBILL  
FTE Calculator  
Estimate Tax Credit Calculator  
Address History  
Return to Agent Portal

## Account Overview

Plan Year: Jun 1, 2018 to May 31, 2019 ▼

- To create enrollment offerings for the next plan year or to renew your existing enrollment offering(s), please go to the "Roster" link on the left hand task bar. Please check the Messages & Notices link on the left hand task bar for updates and important communications from the Small Business Marketplace.

Show More

Group Effective Date - 06/01/2018

### Employer Group Settings

Open enrollment start date: 01/01/2018    Open enrollment end date: 04/30/2018

### Health coverage options and riders

Cover domestic partners	Yes
Qualified Religious Organization (exclude coverage for family planning and counseling services)	No

### Marketplace Eligibility Status

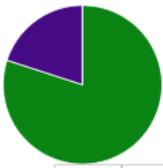
Business eligible for Small Business Marketplace

### Messages & Notices **112**

⚠ You have 112 unread notice(s) in your Messages & Notices Inbox.

### Employees Enrolled View Details

Active



COBRA



14. On the Employer's Roster, click the *Add Dependent COBRA Beneficiary* button.

*Please Note:* You will need the terminated dependent's personal information for the next step. You must provide their First and Last Name, SSN and DOB.

**ACCOUNT HOLDER INFORMATION**

Account Number:  
AC0000034280  
Christa Johnson  
Account Settings

**COMPANY INFORMATION** Edit

Five Guys  
EIN: 712345696  
726 EIT Street  
Albany NY 12203  
Primary Phone:  
(518) 555-1212

Overview

Messages & Notices 112

**Roster**

Employer Offering

Plans

My Documents

Bills and Payments

EBILL

FTE Calculator

Estimate Tax Credit Calculator

Address History

Return to Agent Portal

## Company Roster

Plan Year: Jun 1, 2018 to May 31, 2019 ▼

- Coverage must be offered to all employees who work 30 or more hours per week.
- Your group is not eligible to participate in the Small Business Marketplace if you do not have at least one ACTIVE common law employee enrolled (group cannot contain only COBRA or Retiree enrollees).
- If necessary, your most recent NYS-45 filing may be requested.
- You must list ALL eligible employees on your roster and include them in a coverage offer, even if they do not intend to enroll.
- Business owners are eligible for coverage and should be included on the roster.
- If you elect to offer coverage to Retirees, they should also 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

Download Roster Template

Choose File

No file chosen

(OR)

- You can enter your employee information one at a time.

Add Employee/Retiree/COBRA

Add Dependent COBRA Beneficiary

Delete All Error Rows
Delete Roster

Show More

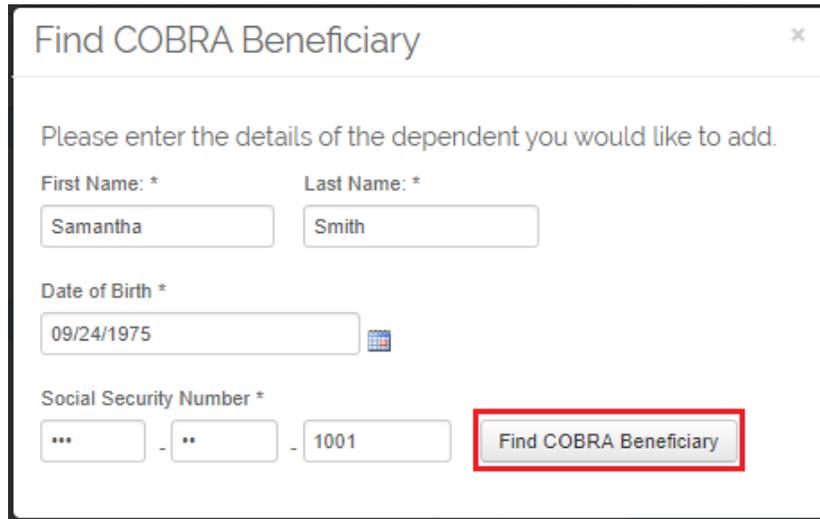
Filter Roster

Show All ▼

1 to 6 of 6 Entries < Previous Next >

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 style="background-color: #f00; color: white; padding: 2px;">Delete</div> <div style="background-color: #ccc; padding: 2px;">Manage</div> <div style="background-color: #ccc; padding: 2px;">Invite</div>
Active	Stanley	Briggs	520 Cruiser Blvd, Schenectady, NY 12305	Full time staff	Submitted	52224074971	<div style="background-color: #f00; color: white; padding: 2px;">Terminate</div> <div style="background-color: #ccc; padding: 2px;">Manage</div> <div style="background-color: #ccc; padding: 2px;">Invite</div>

15. Enter the *First Name*, *Last Name*, *Date of Birth* and *Social Security Number* of the terminated dependent. Click the *Find COBRA Beneficiary* button.



Find COBRA Beneficiary

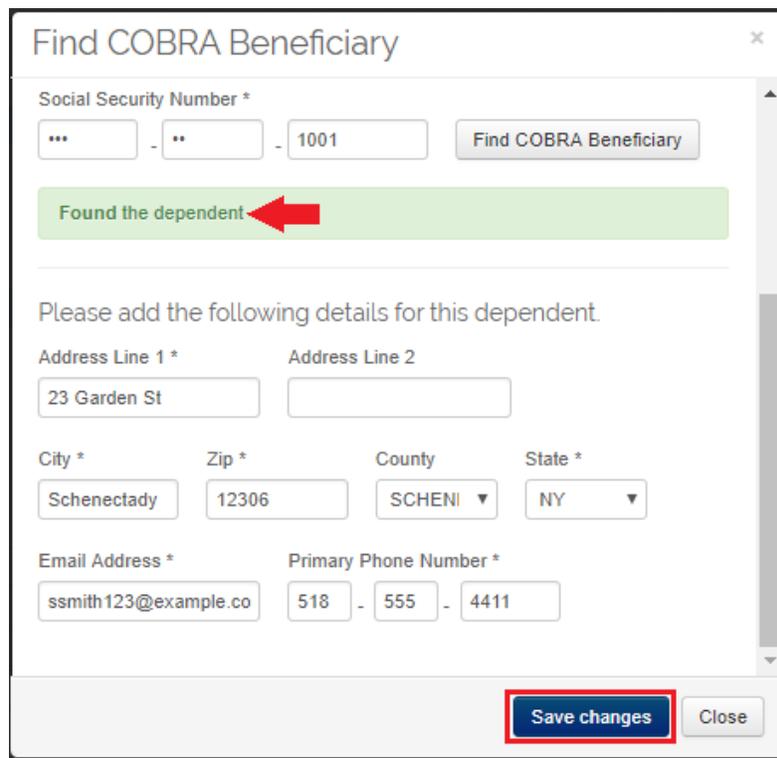
Please enter the details of the dependent you would like to add.

First Name: \*  Last Name: \*

Date of Birth \*

Social Security Number \*  -  -

16. The system will display a green message that says the dependent has been found. You must then enter the current *Residential Address*, *Email Address* and *Phone Number* of the terminated dependent. Click *Save Changes*.



Find COBRA Beneficiary

Social Security Number \*  -  -

Found the dependent

Please add the following details for this dependent.

Address Line 1 \*  Address Line 2

City \*  Zip \*  County  State \*

Email Address \*  Primary Phone Number \*  -  -

17. The deleted dependent will now appear on the Employer's Roster. They will have a status of "Cobra Beneficiary", Enrollment Status of "Not Offered" and there will be a red "Not Yet Offered" in place of a participation code. Click the *Offer COBRA* button to send the terminated dependent an offer of COBRA.

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	Delete Manage Invite
Active	Stanley	Briggs	520 Cruiser Blvd, Schenectady, NY 12305	Full time staff	Submitted	52224074971	Terminate Manage Invite
Active	Deanna	Potter	45 Front St, Rensselaer, NY 12144	Full time staff	Submitted	73574308842	Terminate Manage Invite
Active	Shelby	Cobra	466 State St, Schenectady, NY 12304	Full time staff	Submitted	24662494055	Terminate Modify Employee Offering Manage Invite
Active	John	Smith	690 Mann Ave, Rensselaer, NY 12144	Full time staff	Submitted	59851176248	Terminate Manage Invite
Cobra Beneficiary	Andrea	Burke	34 Jump Street, Rensselaer, NY 12144	COBRA_INTERNAL	Submitted	39361479559	Terminate Manage Invite
Cobra Beneficiary	Samantha	Smith	23 Garden St, Schenectady, NY 12306	COBRA_INTERNAL	Not Offered	Not yet offered	Delete Offer COBRA

18. Once the Offer Cobra button is clicked, a new participation code will generate for the terminated dependent and their enrollment status will switch to *Notified*. The Employer/Broker may enroll the terminated dependent into COBRA directly from the Roster by clicking the *Enroll* button.

Otherwise, click the *Return to Agent Portal* button in the left-hand navigation bar to get back to the Broker Dashboard.

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	Delete Manage Invite
Active	Stanley	Briggs	520 Cruiser Blvd, Schenectady, NY 12305	Full time staff	Submitted	52224074971	Terminate Manage Invite
Active	Deanna	Potter	45 Front St, Rensselaer, NY 12144	Full time staff	Submitted	73574308842	Terminate Manage Invite
Active	Shelby	Cobra	456 State St, Schenectady, NY 12304	Full time staff	Submitted	24662494055	Terminate Modify Employee Offering Manage Invite
Active	John	Smith	690 Mann Ave, Rensselaer, NY 12144	Full time staff	Submitted	59851176248	Terminate Manage Invite
Cobra Beneficiary	Andrea	Burke	34 Jump Street, Rensselaer, NY 12144	COBRA_INTERNAL	Submitted	39361479559	Terminate Manage Invite
Cobra Beneficiary	Samantha	Smith	23 Garden St, Schenectady, NY 12306	COBRA_INTERNAL	Notified	75022824991	Delete Enroll

19. To find the terminated dependent on the Broker Dashboard, select the *Employee* tab. Then, select the *Associated Agency*, *Associated Employer* and *Associated Employer Coverage*. A list of all Employee's belonging to the selected Employer group will appear. Click the *Enroll* button of the terminated who needs to enroll in COBRA. Follow the steps in the "*How to Enroll an Employee*" User Guide to complete the enrollment.

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 \*

Select Associated Employer \*

Select Associated Employer Coverage \*

Filter:  Show  entries

Results: 1 to 7 of 7 ← Previous 1 Next →

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	SUBMITTED		<i>manage invite</i>
Christa Johnson	***-**-1038 518-555-1212	EMP06	Management staff	COMPLETED	NOTIFIED	MANUAL	<i>enroll invite</i>
Deanna Potter	***-**-1991 518-867-5309	DP1991	Full time staff	COMPLETED	SUBMITTED	AUTO	<i>manage invite</i>
John Smith	***-**-1973 518-555-1234	1973	Full time staff	COMPLETED	SUBMITTED		<i>manage invite</i>
Samantha Smith	***-**-1001 518-555-4411	1973	COBRA_INTERNAL	COMPLETED	NOTIFIED		<i>enroll invite</i>
Shelby Cobra	***-**-1985 518-555-3535	1985	Full time staff	COMPLETED	SUBMITTED		<i>manage invite</i>
Stanley Briggs	***-**-1020 518-221-2121	SB02	Full time staff	COMPLETED	SUBMITTED	AUTO	<i>manage invite</i>

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