

# Instructions: COBRA Application Packet

Definitions of “qualifying event” and “qualified beneficiary” are located at the end of this document.

## You must provide a COBRA application packet:

After receiving notice from a qualified beneficiary	Without receiving notice from a qualified beneficiary
<p><b>Within 14 days</b> of receiving notification of a qualifying event, you must provide a COBRA packet to the employee/retiree or qualified beneficiary for these events:</p> <ul style="list-style-type: none"> <li>• Divorce/legal separation/annulment</li> <li>• Termination of domestic partnership</li> <li>• Loss of dependent status</li> </ul> <p><b>Note: It is the responsibility of the employee/retiree, qualified beneficiary or legal representative to notify the Benefits Office/Dept. in writing within 60 days of the qualifying event, or the date coverage is lost as a result of the qualifying event, whichever is later.</b> Failure to provide written notice within the time limit will result in COBRA coverage being forfeited.</p> <p>The <i>Notice to UC of a COBRA Qualifying Event</i> form (UBEN 109) is available on the At Your Service website.</p> <p>Information about notification requirements and procedures follows.</p>	<p><b>Within 44 days</b> of the qualifying event, or the date coverage is lost as a result of the qualifying event, whichever is later, you must provide a COBRA packet to the employee or qualified beneficiary for these events:</p> <ul style="list-style-type: none"> <li>• End of employment</li> <li>• Layoff</li> <li>• Approved leave without pay</li> <li>• Reduction of hours</li> <li>• Death of employee or retiree</li> </ul> <p><b>IMPORTANT! The COBRA packet <u>must</u> be provided whether or not you receive notification from the employee or qualified beneficiary.</b></p>

## Notification requirements and procedures

For the qualifying events listed below, the covered employee/retiree, qualified beneficiary or legal representative must notify the Benefits Office/department in writing within 60 days of the qualifying event or the date coverage is lost as a result of the qualifying event, whichever is later. **Failure to provide notice within the 60-day time limit will result in COBRA coverage being forfeited.**

- Divorce/legal separation/annulment
- Termination of domestic partnership
- Dependent's loss of eligibility

### Notification Options

The employee/retiree, qualified beneficiary or legal representative may notify UC of the qualifying event in either of the following ways:

1. By providing the *Notice to UC of a COBRA Qualifying Event* form (UBEN 109). The form is available on the At Your Service website. It is a regular, non-enterable PDF.
2. By providing a written notice. The notice must include the following information:
  - Date
  - Name of employee/retiree
  - Employee ID# or retiree Social Security number
  - Name and address of qualified beneficiary requesting a COBRA application packet
  - Type of qualifying event
  - Date of qualifying event
  - Name and signature of the person notifying UC of qualifying event (and relationship to employee/retiree)

### When you receive the form or written notice of a qualifying event:

1. Check to ensure it is complete.
2. Check to ensure you received the form/notice within the required 60-day time period.
3. When applicable, check your records to verify the loss of dependent status.
4. Send a COBRA application packet to the employee/retiree/qualified beneficiary within 14 days of the date you were notified of the event.

**Note: The form or written notice may be hand-delivered, mailed or faxed to your office. Verbal and email notification are not acceptable.**

# COBRA Application Packet procedures

## Preparing the application packet

**IMPORTANT! → Each individual who will be processing COBRA application packets must go through the following ONE TIME procedure.** (Note: If you have Adobe Acrobat Professional or Standard, this procedure isn't necessary.)

<b>Instructions for PC users with Adobe Reader Version 6 or higher:</b>	<b>Instructions for PC users with Adobe Reader Version 5 or below:</b>
<ul style="list-style-type: none"><li>• With Adobe Acrobat opened, select “edit” from toolbar</li><li>• Scroll down and select “properties”</li><li>• Select “internet” in options along the left side</li><li>• Uncheck the box that says “display .pdf’s in browser”</li><li>• To save your changes, close and then reopen Internet Explorer</li></ul>	<ul style="list-style-type: none"><li>• With Adobe Acrobat opened, select “edit” from toolbar</li><li>• Select “preferences”</li><li>• Select “options”</li><li>• Uncheck the box that says “display .pdf’s in browser”</li><li>• To save your changes, close and then reopen Internet Explorer</li></ul>

**Note:** This set-up process is important. If you bypass this process, each time you open the COBRA packet documents, the personal information you entered the last time you processed a packet will reappear. This means you will have to manually delete all the personal information included in the three enterable documents before you can enter the new personal information. This process would be time-consuming and could easily result in errors.

## Contents of COBRA application packet

1. Cover letter
2. *Application for COBRA Continuation form (UBEN 102)*
3. *Mailing Addresses and Premium Information*
4. *Your COBRA Continuation Coverage Rights—Important Information*

### 1. Cover letter (enterable PDF)

Enter the following information:

- Date
- Name and address of COBRA applicant
- Greeting line
- Address and phone number of your Benefits Office/department. (Note: This information is required by the Department of Labor in case the employee/retiree/qualified beneficiary has a question.)

### 2. *Application for COBRA Continuation form (UBEN 102, enterable PDF)*

**Section 1**—Enter personal information

**Section 2**—Insert a check mark next to the type of qualifying event and enter the date of the qualifying event (month/day/year). You must also put a check mark next to each covered qualified beneficiary eligible to elect COBRA coverage. (Use your mouse to insert the check marks.)

*Note:* The “loss of eligibility” box should only be used for random audit de-enrollments (currently for UCOP use only).

**Section 3**—Enter the names of the health plans in which the qualified beneficiary is enrolled, the group policy number (if applicable), and the coverage end date (month/day/year).

Enter the COBRA coverage begin date (if the qualified beneficiary were to elect COBRA) and the due date by which the health plan carriers must receive the application form and initial premium.

**Note: The application form due date that you enter in this section should be 60 days from the date the coverage is lost as a result of the qualifying event, or the date you provide the COBRA packet, whichever is later.** (If the 60<sup>th</sup> day falls on a weekend, enter the date of the following Monday. If the 60<sup>th</sup> day falls on a holiday, enter the date of the following weekday.)

**Note regarding leave without pay:** If the employee direct paid their health premiums while on leave without pay, enter the date of the qualifying event in Section 2 (date the employee went out on leave without pay) and the coverage end date in Section 3 (date the direct pay coverage ended).

**Section 4** – Qualified beneficiary completes this section.

**Section 5** – Sign and date the form.

### 3. *Mailing Addresses and Premium Information* (enterable PDF)

Insert a check mark in the box next to each health plan in which the employee/retiree is currently enrolled, to inform them of the rates and mailing addresses for their health plans. (Use your mouse to insert the check mark.)

### 4. *Your COBRA Continuation Coverage Rights—Important Information* (regular PDF)

This notice provides all the information required by the new regulations, and must be included in the packet. No personalization is required.

#### **Furnishing the packet:**

- When you have finished entering the personalized information in the first three documents, print the documents. (For your convenience, the four documents have been merged and will print simultaneously.)
- There is no need to select “save.” Adobe Reader will not allow you to save the personalized information you have entered.
- Make a photocopy of the UBEN 102 form (sign the form first), and place in the employee’s personnel file. **Your office must retain a copy of the UBEN 102 form, or a copy of the entire packet, for five years.** (You may photocopy or image the documents.)
- Insert the four documents into a special COBRA envelope (large window envelope with COBRA message on the front). The name and address on the cover letter should line up with the window in the envelope.
- You may send the packet by U.S. mail or hand-deliver it. However, sending it by U.S. mail is preferred.

## **DEFINITIONS**

### **What is a qualifying event?**

Qualifying events are situations that would ordinarily cause an individual to lose group health coverage. The type of qualifying event determines who the qualified beneficiaries are and the required time period of coverage that plans must offer to qualified beneficiaries.

### **Qualifying events are:**

- Termination or a reduction of hours (including layoff or leave without pay)
- Divorce, legal separation, or annulment
- Termination of domestic partnership
- Dependent's loss of eligibility
- Death of the covered employee or retiree

### **Who is a qualified beneficiary?**

A qualified beneficiary is someone who is covered under a UC-sponsored health plan the day before the qualifying event and who is:

- The covered spouse, domestic partner or dependent of a covered employee/retiree.
- A covered employee, but only if the qualifying event is termination of employment or reduction in hours (including leave without pay or layoff).