

Welcome to CMS's Online Service

Upon logging in, you will see the main Employer Menu screen from which you can view reports or request a notice. If you have trouble with your user id or password, please contact your CMS representative or email us at services@cobramanagement.com.

To order a notice, click on the blue box, labeled "Request a Notice, COBRA Qualifying Event and New Hires," located toward the bottom of the screen. You will be asked to re-enter your password before being allowed to continue.

You are now at the data entry screen. Your account contact information is displayed on the left hand side of the screen. If any of this data is incorrect or needs to be updated, please contact your CMS representative or email us at services@cobramanagement.com.

From the middle column, order an Election Notice for plan participants who are losing active coverage or a General Notice for newly covered employees and/or spouses.

The right hand column provides links to some handy resources regarding COBRA and a soft copy of these instructions. If you can't find the answer to your questions, please don't hesitate to contact your CMS representative.

Help During the Order Process

You may call us Monday through Friday, 7:30am – 5:30pm at 425-452-9901 or email us at services@cobramanagement.com.

Abandoning Your Order

If you begin entering data and are interrupted, you will have 10 minutes before the site times out. Any information you have entered (but not completed) will be retained and available to you the next time you sign in. Please note that anything that displays on our website is tunneled through a secure socket layer (SSL) system using 256-bit encryption and meets the Security standards required under HIPAA and HITECH.

Ordering an Election Notice

Prior to clicking on the button for requesting an Election Notice, you will need to have some information at hand, ready for data entry. All fields with an "*" on the data entry screen must be completed.

- Ø Social security number of the "primary qualified beneficiary" (PQB). This may be the ex-employee, a spouse or a child.
- Ø Names If any dependents are losing coverage, you must have the first and, if different, the last names of the spouse and each child.
- Ø Mailing address If a covered spouse is living at a different address, you will need to send separate Election Notices to both the PQB's and spouse's last known addresses.
- Ø Date of Birth of the PQB Optional but not required.
- Ø Gender System will default to "male" unless you make a selection.
- Ø Qualifying Event type Choose one from the drop-down box. Please remember that a voluntary drop in coverage is not a COBRA qualifying event (e.g. your employee drops coverage for a child because the cost is too great).
- Ø Date of the Qualifying Event Enter the actual date of the qualifying event, such as the last day at work, date of divorce decree, date a child turns 26, etc. This date actually determines the Loss of Active Coverage Date (below).
- Ø Loss of Active Coverage Date Enter the date that coverage as an active plan participant ends. Usually, this is the last day of the month in which the qualifying event occurs, unless your group has chosen to end active coverage the day after a Qualifying Event (premiums are pro-rated until the first of the next month). Infrequently, the Loss of Active Coverage Date may be later if it has been specified in an employment contract or a special arrangement has been made as part of a severance package. NOTE: such arrangements must be allowable under the terms of your insurance contract or policy.
- Ø Health Plans Have a list ready of the PQB's plans that were in effect at the time of the Qualifying Event, e.g. Blue Shield HMO for Employee and Spouse, Dental for Employee Only. You will be able to select the PQB's health plans from a drop-down list. If the PQB did not elect a certain plan that is otherwise sponsored by your company, you will choose "Did Not Select" from the drop-down box. The plan effective dates are displayed below the name of the Plan. Make sure that these rates will apply to the PQB. See *graphic on next page*.

Final Review and Completing the Order: You will have a chance to review your data before completing the order. When you are satisfied with the order, click on the final "Continue" button at the bottom of the page. You may now order another notice or sign out.



Complete the section below and then press the Continue button at the bottom of the page. This will be the final section before approving your Election Notice request.

Sample and Demo Company

Plans 

Enter the Qualified Beneficiary's coverage based on their election at the time of coverage termination. The available plans and coverages are listed for your reference.

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| Anthem Medical - HMO Effective: 7/1/2010 [01] Employee Rate: 510.00 |
| Delta Dental Effective: 7/1/2010 [01] Employee Rate: 45.90 |
| Vision Service Plan Effective: 7/1/2010 Did Not Select |
| Wellspring EAP Effective: 7/1/2010 [01] First Enrollee Rate: 3.04 |

Ordering the General (formerly Initial) Notice

Prior to clicking on the button for requesting a General Notice for newly enrolled employees and/or their spouses, you will need to have some information at hand, ready for data entry. All fields with an "*" on the data entry screen must be completed.

- Ø Social security number of the employee.
- Ø Name of the employee and if applicable, the covered spouse.
- Ø Mailing address of the employee and if different, the address of the covered spouse. A separate notice must be mailed to the employee and the spouse.

You will have a chance to review your data before completing the order. When you are satisfied with the order, click on the final "Continue" button at the bottom of the page. You may now order another notice or sign out.