

## ADDING COBRA EVENTS

**IMPORTANT! Please note that letters will generate daily, it is imperative that all information is accurate when submitting a change in the system.**

You can complete the following steps from the **Dashboard** by clicking **+ Add COBRA Event** -OR- click **Participants** and then click **+ Add Participant** in the upper-right. Select 'COBRA'.

1. From the Dashboard click Add COBRA Event



2. COBRA Event window will open, please note there are 7 steps.

### Add Participant - COBRA Event

1 Event Information — 2 Employee Information — 3 Benefit Information — 4 Primary Participant — 5 Dependents — 6 Subsidies — 7 Review and Submit

#### Event Information

Qualifying Event

Qualifying Event Date

MM/DD/YYYY

Is this a second Qualifying Event?

- Yes  
 No

Disability Extension

- Yes  
 No

#### Migration

Has this Qualifying Event been tracked in another system?

- Yes  
 No

Next

Close

### Step 1 – Qualifying Event Information

1. From the **Qualifying Event Information** section, enter the following information:
  - **Qualifying Event:** Select from a list of active Qualifying Events.
  - **Qualifying Event Date:** The date the Qualifying Event/Loss of coverage occurred. **Note:** If you enter the 1st of a month, you will be asked to confirm if this really is the participant's **Qualifying Event Date** and not their **First Day of Coverage**. Either keep the date you entered or change it to reflect the participant's actual event date and then click **Next** through this prompt.

- *Is this a second Qualifying Event?*
    - *Yes:* Select if this is the participant's second Qualifying Event. If selected, you will be prompted to enter the date of the original Qualifying Event.
    - *No:* Select if this is the participant's first Qualifying Event. (Default)
  - *Original First Day of COBRA:* The date of the participant's first day of COBRA coverage. This question will only appear if you select 'Yes' to **Is this a second Qualifying Event?**
  - *Disability Extension:*
    - *Yes:* Select if the participant is eligible for extended COBRA coverage due to a disability. This will automatically extend the participant's existing **Last Possible Day of Coverage** field to include the extension.
    - *No:* Select if the participant is not eligible for extended COBRA coverage due to a disability. (Default)
2. From the **Migration** section, enter the following information:
    - *Has this Qualifying Event been tracked in another system?*
      - *No* (Default) – Used for takeovers only.
  3. Click **Next**.

## Step 2 – Employee Information

1. From the **Employee Information** section, enter the following information:
  - *Employee First Name*
  - *Employee Last Name*
  - *Social Security Number:* You can enter the nine-digit number with or without the dashes.
  - *Employee Identifier:* An optional field up to 16 alpha-numeric characters to use if applicable for that employee.
  - *[Employee Field(s)]:* If set up for this Employer, you will also be required to enter values for any Employee Fields.
2. Click **Next**.

## Step 3 – Benefit Information

1. From the **Benefit Information** section, enter the following information:
  - *Which benefits are the Employee or Employee's family enrolled in?:* You will see the Plan(s) set up by the Employer that this participant is eligible for. All Plans will default to 'Not Covered'. Select your desired plan(s). Click the eye icon to view all benefit Plans associated with the participant's assigned Employee Group.
    - *Plan:* Select the applicable Plan per benefit type the employee was enrolled.
    - *Which Coverage Tier?:* Select the coverage tier applicable for this employee. This field will only appear if you selected a Plan using a 'Composite' **Rate Table Type**.
    - *Not Covered:* If selected, an error will display that no Plans are associated with the COBRA Coverage.
2. Click **Next**.

## Step 4 – Primary Participant

1. From the **Primary Participant** section, enter the following information:

- *Who is the Primary Participant?:* The options displayed here will depend on the **Qualified Beneficiary** selected for the specific **Qualifying Event** for this participant. For example, if 'Dependent Only' was the qualified beneficiary selected for this participant's Qualifying Event, you will NOT be prompted with this field and you will enter the demographic information that WCC will assume to be the child dependent (and primary participant).
  - *Employee*
  - *Spouse*
  - *Child*
  - *Domestic Partner*
- *First Name:* The primary participant's first name. This will default to the information entered from the previous **Employee Information** section if you selected 'Employee' for the **Who is the Primary Participant?** field.
- *Last Name:* The primary participant's last name. This will default to the information entered from the previous **Employee Information** section if you selected 'Employee' for the **Who is the Primary Participant?** field.
- *Social Security Number:* The primary participant's Social Security Number. This will default to the information entered from the previous **Employee Information** section if you selected 'Employee' for the **Who is the Primary Participant?** field.
- *Date of Birth:* The primary participant's date of birth.
- *Primary Participant's Address:*
  - *US Address:* Select if the primary participant's address is a United States address.
  - *Non-US Address:* Select if the primary participant's address is not a United States address.
- *Address:* The first line of the primary participant's address. Click + **Add Address Line** as applicable to add information such as apartment number or P.O. Box.
- *Postal Code:* The primary participant's postal code. For United States addresses, you can enter the five-digit postal code then tab or click out of the field to have the **City** and **State** fields populate. Once the **City** and **State** fields are populated, they will no longer be greyed out and can be edited.
- *City:* The primary participant's city. This will be populated based on the **Postal Code** field.
- *State:* The primary participant's state. This will be populated based on the **Postal Code** field. If you selected 'Non-US Address' for the first **Address** field, the **State** field will turn into **Region**.
- *Country:* The primary participant's country. This field will only appear if you selected 'Non-US Address' to the first **Address** field.
- *Primary Phone Number:* The primary participant's primary phone number.
- *Secondary Phone Number:* The primary participant's secondary phone number.
- *Which benefits is this person enrolled in?:* This will default to the information entered from the previous **Benefit Information** section.

2. Click **Next**.

### Step 5 – Dependents

1. From the **Dependents** section, you will be able to add dependents for the employee. If desired, click + **Add Dependent** and enter the following information (if dependents are not applicable for this participant, skip down to Step 6):

- *Relationship to Primary Participant:*
  - *Spouse*
  - *Child*
  - *Domestic Partner*
- **QMCSO:** Indicate if the child is qualified for the benefit plan under the Qualified Medical Child Support Order. This field will only appear if you selected 'Child' for the **Relationship to Primary Participant** field and is informational only.
  - *Yes*
  - *No*
- *First Name:* The dependent's first name.
- *Last Name:* The dependent's last name.
- *Social Security Number:* The dependent's Social Security Number. You can enter the nine-digit number with or without the dashes.
- *Date of Birth:* The dependent's date of birth.
- *Address:*
  - *Use Primary Participant's Address:* Select if the dependent's address is the same as the primary participant.
  - *Enter Different Address:* Select if the dependent's address is not the same as the primary participant. If selected, you will be prompted to enter the dependent's address.
- *Which benefits is this person enrolled in?:* You will see the Plan(s) the employee was enrolled in.
  - *[Benefit Plan]:* Select the applicable Plan per benefit type this dependent was enrolled in through the employee's group health Plan.
  - *Not Covered:* If selected, WCC will not consider this dependent when calculating the coverage premium.

2. Click **Add Dependent** and either enter additional dependents or click **Next**.

## Step 6 – Subsidies

1. From the **Subsidies** section, you will be able to add subsidies for the primary participant. If desired, click **+ Add Subsidy** and enter the following information (if subsidies are not applicable for this participant, skip down to Step 7):
  - *Benefit Type:* Select the benefit type(s) eligible for the subsidy. If all benefit types are eligible, click **Select All**.
  - *Subsidy:*
    - *Percent:* Select if the subsidy is a percent of the monthly premium. If selected, you can enter a percent and a maximum dollar amount.
    - *Monthly Dollar Amount:* Select if the subsidy is a dollar amount of the monthly premium. If selected, you can only enter a dollar amount (you cannot enter a percentage).
  - *Percent:* The percent of the monthly premium being subsidized. This field will only appear if you selected 'Percent' in the **Subsidy** field.
  - *Max Monthly Dollar Amount:* The maximum monthly dollar amount being subsidized. This field will only appear if you selected 'Percent' in the **Subsidy** field. (Ex: A participant is subsidized 50% of their monthly premium but no more than \$600.00. The premium before subsidies is \$1,300.00. 50% of \$1,300.00 is \$650.00 but this amount exceeds the **Max**

**Monthly Dollar Amount** of \$600.00. Because the subsidy cannot exceed \$600.00, the participant's net premium owed will be \$700.00 which is \$1,300.00 minus \$600.00.)

- *Monthly Dollar Amount*: The dollar amount of the monthly premium being subsidized. This field will only appear if you selected 'Monthly Dollar Amount' in the **Subsidy** field.
  - *Starts*: This will display the initial month that the subsidy is effective based on the monthly slider bar.
  - *Ends*: This will display the final month that the subsidy is effective through based on the monthly slider bar.
  - *[Month Slider]*: Use your cursor to move the initial and final month numbers to determine the duration that the subsidy is effective.
2. Click **Add Subsidy** and either enter additional subsidies or click **Next**.

### Step 7 – Review and Submit

1. From the **Review and Submit** section, you will see the following information:
  - *Qualifying Event*
  - *Qualifying Event Date*
  - *Disability Extension*
    - For the above fields, click **Edit** to go back to the **Qualifying Event Information** section if desired.
  - *Plan*
  - *First Day of COBRA*
  - *Last Possible Day of Coverage*
  - *Enrollable*: The primary participant and dependent(s), if applicable, that can enroll in a COBRA Plan.
  - *Cost*
    - For the above fields, click **Edit** to go back to the **Benefit Information** section.
  - *Benefit Type*
  - *Subsidy*
  - *Starts*: The initial month that the subsidy is effective.
  - *Ends*: The final month that the subsidy is effective.
    - For the above fields, click **Edit** to go back to the **Subsidies** section.
2. Click **Add Participant**.

When a participant has been successfully added your dashboard will reflect the notification below.

## Dashboard

**Participant Added**  
Participant has been added successfully. ✕

[View Participant](#)

If you have any questions, please e-mail us at [cobra@letscatapult.org](mailto:cobra@letscatapult.org) or call us 704-944-6064