

Group COBRA Billing Contract

- Only applicable to groups subject to Federal COBRA.
- Complete this Contract if you would like to be billed for COBRA participants.

I, _____, am an authorized representative of _____.
(Print Name) (Print Company Name)

The group listed above requests that information (including premiums due) intended for all COBRA participants under Federal COBRA regulations be sent directly to the group to be forwarded to the COBRA participants.

The group will ensure that the information they receive from CaliforniaChoice®, intended for COBRA participants, is forwarded to the COBRA participants in a timely manner and with complete instructions.

Please initial each section:

_____ The group understands that CaliforniaChoice must receive written notification to **cancel coverage** for an **employee** within **30 days** of an employee event in order to give the group full credit for the employee cancellation (i.e. an employee termination, reduction of hours or death).

_____ The group understands that CaliforniaChoice must receive written notification to **cancel coverage** for an **employee's dependent** within **65 days** of a dependent qualifying/triggering event in order to cancel coverage based on the qualifying/triggering event (i.e. divorce, employee's Medicare entitlement or loss of dependent child status). All notification received beyond 65 days will be processed as a voluntary cancellation of coverage.

_____ The group understands that CaliforniaChoice must receive **COBRA elections** no later than **5 business days** from the end of the qualified beneficiary's election period. Elections must be sent to CaliforniaChoice, Attn: COBRA, 721 S. Parker, Suite 200, Orange, CA 92868.

_____ The group understands that CaliforniaChoice must receive **requests** (i.e. elections, changes, etc.) **within specified guidelines** in order to be processed. (Please refer to the group service contract or the Administrative Handbook for guideline information.)

_____ The group understands that CaliforniaChoice will directly bill the group on the group's monthly invoice statement for each COBRA participant who falls under Federal COBRA regulations. The premiums must be paid as billed by the due date indicated on each invoice statement, regardless of payment made by the COBRA participant to the employer group or the employer group's third-party administrator.

_____ The group understands that each COBRA participant will have the same open enrollment period as the group. The group will be responsible for forwarding open enrollment materials to each COBRA participant and notifying them of the deadline for return of the materials.

_____ The group understands that each request for cancellation of COBRA continuation coverage must be received in writing no later than **45 days** after the effective date of the cancellation, even if no **refund*** of premiums will result from the cancellation request.

***Note:** A refund will only be given if CaliforniaChoice receives a written request for cancellation by the 15th of the month following the month for which the request is being made. (i.e. A refund for May premium can only be issued if a written request is received by June 15th.)

By initialing all sections above and signing this contract I acknowledge that the group understands and agrees to the terms listed above. This contract will take effect with the next processed invoice statement following the receipt of a fully executed contract.

This contract will expire when the employer group's coverage cancels with CaliforniaChoice, when the employer group is no longer subject to Federal COBRA or when CaliforniaChoice processes a written request to cancel direct billing as submitted by the group.

Please provide the name of your COBRA administrator that will be authorized to provide COBRA eligibility information to CHOICE Administrators®, if applicable.

Name of your COBRA Third-Party Administrator

Group #

Authorized Group Contact Signature

Print Name

Date (MM/DD/YYYY)

