Cal-COBRA, COBRA and Medicare Survey



To ensure compliance with state and federal laws, we need you to update Anthem Blue Cross (Anthem) annually with your company's Cal-COBRA or COBRA and Medicare eligibility. Eligibility is determined by the number of employees in your group. Failure to supply updated information may result in incorrect payments for your employees' claims and may raise issues for your group under certain applicable federal laws.

Group name	Group/case no.	Federal tax ID	no.	SIC code
Street address	City		State	ZIP code
Cal-COBRA, COBRA and Medicare eligibility Please provide the following information to be used for Cale 2024. Below is a worksheet to assist in determining your er regardless of their enrollment in an Anthem plan. "Your con ownership with your company under I.R.C. 414 (b), (c), (m) COBRA status How many common law full-time equivalent (FTE) emplo	nployee count. Include all on pany" will include all emple, or (o). Do not include self	employees (full-time oyees in companies -employed persons	, part-time that are ι	e, and seasonal), under common
percent or more of its regular business days during the "p Full-time equivalents (FTEs) are counted as follows: 1 Full-time employee = 1 FTE 1 Part-time employee works 10 hours per week = 1/4 FTE 1 Part-time employee = a fraction of 1 FTE	Example: 1 Part-time employee works 10 hours per week = ½ FTE 1 Part-time employee works 20 hours per week = ½ 1 Part-time employee works 30 hours per week = ¾ FTE 3 Full-time employees work 40 hours per week = 3 FTEs Company's total full-time equivalents = 4 ½ FTEs			
Based on the information provided above, please indicate 2 to 19 full-time equivalents on 50 percent or mo calendar year. 2 to 19 full-time equivalents on 50 percent or mo calendar quarter, if your company was not in bus If your company was not in business during any equivalent employees did your company have on calendar quarter? Federal COBRA (20 or more full-time equivalents the preceding calendar year)	re of your company's regul re of your company's regul siness during any part of th part of the preceding caler 50 percent or more of its re	ar business days du lar business days du e preceding calenda ndar year, how many egular business day	uring the puring the par year. y common s during the	receding law full-time ne preceding
Medicare status For Medicare due to Age, did your company have 20 or n 20 or more calendar weeks in the current calendar year or For Medicare due to Disability, did your company have 1 more of its regular business days during the preceding cale	the preceding calendar ye	ar?	of	☐ Yes☐ No☐ Yes☐ No☐ Yes☐ No
Based on the information provided above, please indicate For Medicare due to Age, Medicare Prime bas For Medicare due to Age, Anthem Blue Cross For Medicare due to Disability, Medicare Prime For Medicare due to Disability, Anthem Blue C Printed group administrator name	ed on less than 20 total em Prime based on 20 or more based on less than 100 to	nployees. e total employees. otal employees. or more total employ	ees. Fax no.	
Group administrator signature X Please check this box to allow Anthem to use the above Questions? Please contact your legal counsel and tax adv Please complete this form and mail to the following address:	isor.	contact information	Date is current	

Oxnard, CA 93031-9062

P.O. Box 9062

855-750-2227

Small.group@anthem.com