

Employer Information			
Company name			
Address		City	State
ZIP			
Requested effective date (<i>cannot be retro-active to an earlier month</i>)		Federal Tax ID Number	

Contact Information						
<p>The executive contact is the individual who will sign the Anthem Administration Service Agreement and can make binding decision on behalf of your organization. The primary contact is the individual who manages day-to-day COBRA activities for your organization and will be the primary contact for Anthem.</p> <p>HIPAA Authorization: Only HIPAA-authorized contacts may access the Anthem website. By granting website access to an individual listed below, you are confirming that the individual is authorized to provide and receive protected health information (PHI) as set forth in the Confidentiality Exhibit of the Administration Service Agreement. Client may use additional pages if needed to provide additional contacts with HIPAA authorization, provided they reference the Confidentiality Exhibit and the effective date. Anthem will assume this list is exhaustive and that any individual not included in this list cannot access the Anthem website or receive PHI from Anthem, unless subsequently named in writing by an existing HIPAA-authorized contact of the client.</p> <p>IMPORTANT: All individuals listed below must be HIPAA authorized contacts.</p>						
Contact Type	Contact Name	Title	Phone	Web Access	COBRA Eligibility Reports	Email Address
1. Executive				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Primary				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Broker / Consultant				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Other				<input type="checkbox"/> Read Only <input type="checkbox"/> Full <input type="checkbox"/> None	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Which contact(s) should receive the invoice for Anthem services? (<i>select all that apply</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6						
Which contact should receive member premiums collected by Anthem? (<i>issued by check on a monthly basis; select one</i>) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> N/A						

COBRA General Information		N/A	<input type="checkbox"/>
Number of active employees eligible for benefits:		Number of active employees covered by benefits:	
Number of current COBRA continuants:		Number of employees in 60-day election period	
Do you offer a Health Flexible Spending Account (FSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you offer a Health Reimbursement Arrangement (HRA)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you offer any subsidy or severance for COBRA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will Anthem provide Open Enrollment Services? <input type="checkbox"/> Yes (Requested OE mail date:) <input checked="" type="checkbox"/> No	
Do you want to charge the allowable 150% for COBRA members on the 11-month disability extension? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Will Anthem provide State Continuation Services? <input type="checkbox"/> CA <input type="checkbox"/> TX <input type="checkbox"/> NY	
Who is the current COBRA administrator?		Contact Name:	Phone:
How will new COBRA qualifying events be communicated to Anthem? <input checked="" type="checkbox"/> Website <input type="checkbox"/> Electronic file - Vendor Info:			

Direct Bill General Information		N/A	<input checked="" type="checkbox"/>
Number of eligible employees as of effective date with Anthem:		Number of members covered on the Direct Bill plan(s):	
Direct Billing will include (<i>check all that apply</i>): <input type="checkbox"/> Retiree <input type="checkbox"/> Surviving Spouse <input type="checkbox"/> Leave of Absence (including LTD and STD)		How will New Direct Bill Events be communicated to Anthem? <input type="checkbox"/> Website <input type="checkbox"/> Electronic File	
What is the premium grace period? (<i>all premiums are due on the first of the month</i>) <input type="checkbox"/> 30 days from due date <input type="checkbox"/> 60 days from due date <input type="checkbox"/> Other:		Cancellation grace period for premiums: Anthem allows 8 days after the grace period to allow for mailed to be processed. Do you want to allow any additional days? <input type="checkbox"/> Yes (how many days?) <input type="checkbox"/> No	
Cancellations	How will cancellations be processed? <input type="checkbox"/> Automatic (<i>Anthem system cancels members if they have not paid by the deadline date</i>) <input type="checkbox"/> Manual (<i>Members that have not paid by the deadline date appear on a cancellation list; client is responsible for canceling members on Anthem website</i>)		
	Should cancellation letters to the members be included and sent at time of cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Notes:

Carrier Information								Additional Carriers?
Carrier Name	Group #	Plan Type	Is there a waiting period?	Coverage effective date following waiting period?	When does active coverage cease after termination?	Dependent Child Age Limit?	Full-Time Student Age Limit?	Billing effective date for newly added dependents due to birth or adoption?
			<input type="checkbox"/> Yes (days) <input type="checkbox"/> No			Age: <input type="checkbox"/> None	Age: <input type="checkbox"/> None	
			<input type="checkbox"/> Yes (days) <input type="checkbox"/> No			Age: <input type="checkbox"/> None	Age: <input type="checkbox"/> None	
			<input type="checkbox"/> Yes (days) <input type="checkbox"/> No			Age: <input type="checkbox"/> None	Age: <input type="checkbox"/> None	
			<input type="checkbox"/> Yes (days) <input type="checkbox"/> No			Age: <input type="checkbox"/> None	Age: <input type="checkbox"/> None	
			<input type="checkbox"/> Yes (days) <input type="checkbox"/> No			Age: <input type="checkbox"/> None	Age: <input type="checkbox"/> None	
			<input type="checkbox"/> Yes (days) <input type="checkbox"/> No			Age: <input type="checkbox"/> None	Age: <input type="checkbox"/> None	

Carrier Eligibility Contact				
Will Anthem communicate/distribute eligibility to carriers? <input type="checkbox"/> Yes (please fill out the appropriate carrier contact information) <input checked="" type="checkbox"/> No				
PLEASE NOTE: If you choose to have Anthem send eligibility reports to this carrier, Anthem will assume that the applicable contact provided is authorized by the employer to receive PHI from Anthem.				
Carrier Name	Contact Name	Email	Phone	Fax
	Eligibility:			
	Urgent Request:			
	Account Manager:			
	Eligibility:			
	Urgent Request:			
	Account Manager:			
	Eligibility:			
	Urgent Request:			
	Account Manager:			
	Eligibility:			
	Urgent Request:			
	Account Manager:			
	Eligibility:			
	Urgent Request:			
	Account Manager:			
	Eligibility:			
	Urgent Request:			
	Account Manager:			

Plan Information (COBRA Current)			N/A <input checked="" type="checkbox"/>
Member-Level Rating Information			
How will you provide rates? <input type="checkbox"/> Provide member rate table <input type="checkbox"/> Enter at time of qualifying event			
Tobacco Use? Yes No			
COBRA Rates – Current Plan Year			
Plan Year Dates:	Start	End	

Division List

Should Anthem set up separate reports for any of the Divisions listed below? ☐ Yes ☒ No

Do any of these Divisions require a separate client contact? ☐ Yes ☒ No

Division Name	FEIN	Division Code	
		Contact:	Code:
		Contact:	Code:
		Contact:	Code:
		Contact:	Code:
		Contact:	Code:

Class List

Class Name	Class Code

Additional Requirements / Comments

Client signoff (Required to proceed)

Client approval of the Plan Requirements Document is required before benefit programs can be configured and plans Go Live.

Name	Date
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