Adding Members | Qualified Beneficiary
Step 1 of 7 – Demographics

AMERICAN BENEFITS GROUP
My COBRA Resource

- Fields with a red asterisk are required*
- Enter demographics
- Select **NEXT** to continue

Enter Profile Information   Step 1 of 7

Employer Name: Mason's Masonry

Division: * Mason's Masonry ▾

Salutation	**Phone**
Choose... ▾	(123) 555-9876
First Name *	**Phone 2**
Carmela	(xxx) xxx-xxxx
Middle Initial	**Email**
	carmelajones@email.com
Last Name *	**SSN** *
Jones	999-88-7777
Address *	**Individual Identifier**
435 Maple Street	
Address 2	**Gender** *
	Choose... ▾

- **Tobacco Use**, **Employee Type** and **Payroll Type** can be left as unknown.

- *Premium Coupon Type should be left as Coupon Book.*

- *Has his Member already been offered COBRA should always be NO even if they were previously offered COBRA for a different qualifying event.*

Enter Employee Information   Step 2 of 7

Tobacco Use *

Unknown

Employee Type *

Unknown

Payroll Type *

Unknown

Years of Service

Premium Coupon Type *

Coupon Book

Has this member already been offered COBRA? *

○ Yes

○ No

Cancel

Event Category *

◉ Employee ?

○ Dependent ?

Event Type *

Choose...

Event Date *

mm/dd/yyyy

Date of Hire/Enrollment Date *

mm/dd/yyyy

← Previous   → Save & Continue

- **Event Category** should be **Employee** *if the employee (and any covered dependents) lost coverage*

- **Event Type** – *choose from drop down list*

- **Event Date** *should ALWAYS be the actual date of the qualifying event*

- **Date of Hire/Enrollment Date** *is the original enrollment date. If not know, the date of hire or first of plan year is okay.*

Enter Employee Information   Step 2 of 7

Tobacco Use *

Unknown

Employee Type *

Unknown

Payroll Type *

Unknown

Years of Service

Premium Coupon Type *

Coupon Book

Event Category *

- ⦿ Employee ⑦
- ○ Dependent ⑦

Event Type *

Termination

Event Date *

05/19/2018   ✖ 🗓

Date of Hire/Enrollment Date *

01/01/2018   ✖ 🗓

Has this member already been offered COBRA? *

○ Yes

⦿ No

Cancel   ← Previous   → Save & Continue

- **Event Category** should be *Dependent* if **only** the dependents have lost coverage.

- ***Three additional fields are needed in this case:***

- ***Employee Name*** *the name of the employee whose plan they were previously on*

- ***Employee SSN*** *the SSN for the above mentioned employee*

- ***Second Event*** *should be no. (only applicable if they were active on COBRA at the time of this event)*

Enter Employee Information   Step 2 of 7

Tobacco Use *
Unknown

Employee Type *
Unknown

Payroll Type *
Unknown

Years of Service

Premium Coupon Type *
Coupon Book

Event Category *
○ Employee (?)
◉ Dependent (?)

Event Type *
Ineligible Dependent

Event Date *
05/19/2018   ✕ 📅

Date of Hire/Enrollment Date *
01/01/2018   ✕ 📅

EMPLOYEE INFORMATION

Employee Name *
Robert Jones

Employee SSN *
555-22-4444

Has this member already been offered COBRA? *
○ Yes
◉ No

Second Event? *
○ Yes
◉ No

← Previous   → Save & Continue

24

AMERICAN BENEFITS GROUP
My COBRA Resource

- ***Select Add Plan***

Enter Plan Information   Step 3 of 7

+ Add Plan

Plans

Plan Name	Start Date	End Date	Coverage Level	Rate
No data to display				

Bundles

Bundle Name	Start Date	End Date	Coverage Level	Rate
No data to display				

Cancel   ← Previous   → Save & Continue

AMERICAN BENEFITS GROUP
My COBRA Resource

- *Choose the **plan** and **coverage level***
- *NOTE: the rate that appears here **does not** include the 2% administration fee.*
- *The **plan coverage information** and **coverage period** will be prefilled based upon the qualifying event and plan entered. **Do not change these fields***
- *Select **Save***

Enter Plan In

+ Add Plan

Plans

Plan Name

No data to display

Bundles

Bundle Name

No data to display

Cancel

Add Plan   ✕

⦿ **Plan**

◯ **Bundle**

Plan *

Freedom Medical Plan ▾

Coverage Level *

QB + Spouse ▾

Plan rate for the selected coverage level is: $489.00

PLAN COVERAGE INFORMATION

18	**Months of Coverage** *
60	**Days to Elect** *
45	**Days to Make 1st Payment** *
30	**Days to Make Subsequent Payments** *

COVERAGE PERIOD   Editing this date changes the First and Last day of Coverage

First Day of Coverage: *   **Last Day of Coverage:**
                                                11/30/2019

06/01/2018   ✕ 📅

✕ Cancel   **✔ Save**

AMERICAN BENEFITS GROUP
My COBRA Resource

- *The Plan has been saved.*
- *You can expand the plan to see the plan details.*

Enter Plan Information   Step 3 of 7

Freedom Medical Plan has been successfully added

+ Add Plan

Plans

MEDICAL

Plan Name	Start Date	End Date	Coverage Level	Rate		
⌄ Freedom Medical Plan	06/01/2018	11/30/2019	QB + Spouse	$489.00	Edit	Dr

First Day of Coverage: 06/01/2018	Days Elect: 60
Last Day of Coverage: 11/30/2019	Days 1st Payment: 45
Months Coverage: 18	Days subpayment: 30
	Status: Pending

Bundles

Bundle Name	Start Date	End Date	Coverage Level	Rate

No data to display

- *Select ADD Plan to add all COBRA eligible benefits they were on at the time of their qualifying event.*

☰ Home

⌄

❯

Add Member

Find Member

☐ Imports & Reports ⌄

⊙ Recent Activity

☐ Help ⌄

Add Qualified Beneficiary

Enter Plan Information Step 3 of 7

+ Add Plan

Plans

MEDICAL

Plan Name	Start Date	End Date	Coverage Level	Rate			
❯ Freedom Medical Plan	06/01/2018	11/30/2019	QB + Spouse	$489.00	Edit	Drop	Delete

Bundles

Bundle Name	Start Date	End Date	Coverage Level	Rate
No data to display				

Cancel

← Previous

→ Save & Continue

AMERICAN BENEFITS GROUP
My COBRA Resource

- *When adding an FSA or a Medical Plan which requires manual rates:*
    - *A rates section will automatically appear once such a plan is chosen*
    - *You must add the rate to save the plan.*
- *Note: for the FSA the months of coverage will automatically update to only allow continuation through the remainder of the plan year.*
- *Select ADD RATE*

Enter Plan In...

Delta Dental PPO

✚ Add Plan

Plans

DENTAL

Plan Name

> Delta Dental PPO Pla

MEDICAL

Plan Name

> Freedom Medical Pla

Add Plan ✕

- ⦿ Plan
- ◯ Bundle

Plan *
```
ABG _ FSA                    ▾
```

Coverage Level *
```
QB + Family                  ▾
```

PLAN COVERAGE INFORMATION

8	Months of Coverage *
60	Days to Elect *
45	Days to Make 1st Payment *
30	Days to Make Subsequent Payments *

COVERAGE PERIOD   Editing this date changes the First and Last day of Coverage

First Day of Coverage: *   **Last Day of Coverage:**
```
05/20/2018          ✕  📅
```
01/19/2019

RATES *

✚ Add Rate

Start Date	End Date	Rate
No data to display		

29

AMERICAN BENEFITS GROUP
My COBRA Resource

- *Enter the **Start Date***
  - *This must match the first day of coverage listed above*
- *Leave the **End Date** blank*
- *Enter the **rate** <u>without the 2%</u>*
  - *(see later slide for steps on calculating FSA rate)*
- *Select **ADD***

30 Days to Make Subsequent Payments *

Enter Plan Inf

COVERAGE PERIOD Editing this date changes the First and Last day of Coverage.

First Day of Coverage: *

05/20/2018 ✕ 🗓

Last Day of Coverage:
01/19/2019

Delta Dental PPO

➕ Add Plan

Plans

RATES *

➕ Add Rate

Start Date *

05/20/2018 ✕ 🗓

End Date

mm/dd/yyyy 🗓

DENTAL

Plan Name

Rate *

100 ✕

> Delta Dental PPO Pla

⬇ Add   Cancel

Start Date	End Date	Rate
No data to display		

MEDICAL

Showing 0 to 0 of 0 entries

Plan Name

> Freedom Medical Pla

✕ Cancel   ✔ Save

AMERICAN BENEFITS GROUP
My COBRA Resource

QB + Family ⌄

PLAN COVERAGE INFORMATION

8	**Months of Coverage** *
60	**Days to Elect** *
45	**Days to Make 1st Payment** *
30	**Days to Make Subsequent Payments** *

- *Select **SAVE** to save the plan.*

Enter Plan In

Delta Dental PPO

✛ Add Plan

Plans

DENTAL

Plan Name

> Delta Dental PPO Pl

COVERAGE PERIOD   Editing this date changes the First and Last day of Coverage

First Day of Coverage: *

05/20/2018   ✖ 📅

Last Day of Coverage:
01/19/2019

RATES *

✛ **Add Rate**

Start Date	End Date	Rate		
05/20/2018		$100.00	Edit	Delete

Showing 1 to 1 of 1 entries

MEDICAL

Plan Name

> Freedom Medical Pl

✖ Cancel   ✔ Save

Enter Plan Information   Step 3 of 7

ABG _ FSA has been successfully added

+ Add Plan

Plans

DENTAL

Plan Name	Start Date	End Date	Coverage Level	Rate			
> Delta Dental PPO Plan	06/01/201	1/30/201	QB + Spouse	$55.00	Edit	Drop	Dele

FLEXIBLE SPENDING ACCOUNT

Plan Name	Start Date	End Date	Coverage Level	Rate			
> ABG _ FSA	05/20/201	01/19/201	QB + Family	$100.00	Edit	Drop	Dele

Cancel   ← Previous   → Save & Continue

- *Select **SAVE** & Continue to move on to dependents once all plans have been added.*

How To Calculate The FSA Rate

- **If the Member was enrolled at the beginning of the plan year:**
  - Take the members annual election amount & divide by 12 months.

- **If the Member enrolled mid-year:**
  - Take their annual election and divide by the number of months remaining in the plan year at the time of their enrollment. *(example: Plan year runs 1/1 – 12/31, member begins 3/5 & elects $900. Member terminates 6/15 – formula would be $900 divided by 10 = $90 per month)*

The system will automatically pro-rate the premium for the 1st month if the first day of COBRA is mid-month.

If you forget to enter the rate, you will not be able to save the plan

Dependents Step 4 of 7

- *Select **Add Dependent***
- If there are no dependents select **Save & Continue** to skip this step.

+ **Add Dependent**

Name	Relationship	Date of Birth	SSN	Gender
No data to display				

Cancel   ← Previous   → Save & Continue

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My COBRA Resource

- *Complete the required fields*
    - **Relationship**
    - **First Name**
    - **Last Name**
    - **Plan Start Date** *(this will pre-fill with the first day of COBRA one the relationship is chosen)*
- *ABG recommends adding the **SSN, DOB** and **gender** if available for more accurate reporting.*
- *If any of your plans are based on age and/or gender, you **must** also add the **DOB** and/or **Gender***

Dependen

+ Add Dependent

Name

No data to dis

Cancel

Relationship *

Spouse

☐ Qualified Medical Child Support Order (QMCSO)

Salutation

Choose...

First Name *

Jordan

Middle Initial

Last Name *

Jones

SSN

333-22-1111

Date of Birth

12/16/1985 ✗ 📅

Gender

Male

Enrollment Date

mm/dd/yyyy 📅

Plan Start Date *

05/20/2018 ✗ 📅

AVAILABLE DEPENDENT PLAN(S)

☑ Address same as Qualified Beneficiary

Address *

435 Maple Street

Address 2

City *

Oakwood

State *

MD

Zip *

99922

Country

Phone

(xxx) xxx-xxxx

Phone 2

(xxx) xxx-xxxx

Email

- *After the start date auto populates you will have the option to choose benefits from **Available Dependent Plans***

- *Select the plan(s) the dependent was enrolled in at the time of the qualifying event by checking the box next to the plan name.*

- *Select **Add Selected Dependent Plan(s)** to add the plan(s)*

  - **You must select and save at least one plan in order to save the dependent.**

Middle Initial

Last Name *
Jones

SSN
333-22-1111

Date of Birth
12/16/1985

Gender
Male

State *
MD

Zip *
99922

Country

Phone
(xxx) xxx-xxxx

Phone 2
(xxx) xxx-xxxx

Email

Dependen

+ Add Dependent

Name

AVAILABLE DEPENDENT PLAN(S)

	Deselect All Plan Name	Start Date	End Date	Plan Type
☑	ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account

⬇ ADD SELECTED DEPENDENT PLAN(S)

ADDED DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type
No data to display			

✖ Cancel   ✔ Save

AMERICAN BENEFITS GROUP
My COBRA Resource

- *The selected and saved plans move down to* ***Added Dependent Plans(s)***

Dependen

+ Add Dependent

Name | Enrollment Date

Middle Initial

Last Name *

Jones

SSN

333-22-1111

Date of Birth

12/16/1985 ✕ 🗓

Gender

Male ⌄

State *

MD

Zip *

99922

Country

Phone

(xxx) xxx-xxxx

Phone 2

(xxx) xxx-xxxx

Email

AVAILABLE DEPENDENT PLAN(S)

− Deselect AllPlan Name	Start Date	End Date	Plan Type
No data to display			

⬇ ADD SELECTED DEPENDENT PLAN(S)

ADDED DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type		
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account	Drop	Delete

✕ Cancel   **✔ Save**

- *If some plans have different start dates, adjust the **Plan Start Date** and add any remaining available plan(s)*

Dependent

Middle Initial

Last Name *
Jones

SSN
333-22-1111

State *
MD

Zip *
99922

Country

Plan Start Date *
06/01/2018 ✕ 🗓

AVAILABLE DEPENDENT PLAN(S)

	– Deselect AllPlan Name	Start Date	End Date	Plan Type
☑	Delta Dental PPO Plan	06/01/2018	11/30/2019	Dental
☑	Freedom Medical Plan	06/01/2018	11/30/2019	Medical

⬇ **ADD SELECTED DEPENDENT PLAN(S)**

ADDED DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type		
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account	Drop	Delete

✕ Cancel   ✔ Save

AMERICAN BENEFITS GROUP
My COBRA Resource

Middle Initial

State *

MD

Dependent

Last Name *

Jones

Zip *

99922

- *Once all plans have been
  added, select **Save.***

SSN

333-22-1111

Country

Date of Birth

Phone

AVAILABLE DEPENDENT PLAN(S)

− Deselect AllPlan Name	Start Date	End Date	Plan Type
No data to display			

⬇ **ADD SELECTED DEPENDENT PLAN(S)**

ADDED DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type		
Freedom Medical Plan	06/01/2018	11/30/2019	Medical	Drop	Delete
Delta Dental PPO Plan	06/01/2018	11/30/2019	Dental	Drop	Delete
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account	Drop	Delete

✖ Cancel   ✔ Save

- The Dependent has been added. You may expand their name to see more information.

- *Select **Save & Continue** to move on to subsidies.*

Dependents   Step 4 of 7

Jordan Jones has been successfully added as a Dependent

✛ Add Dependent

Name	Relationship	Date of Birth	SSN	Gender		
⌄ Jones, Jordan	Spouse	12/16/1985	333-22-1111	M	Edit	Delete

Email: **Address:** Same as Qualified Member
Phone:
Phone 2:

DEPENDENT PLAN(S)

Plan Name	Start Date	End Date	Plan Type
Freedom Medical Plan	06/01/2018	11/30/2019	Medical
Delta Dental PPO Plan	06/01/2018	11/30/2019	Dental
ABG _ FSA	05/20/2018	01/19/2019	Flexible Spending Account

Cancel   **← Previous**   **→ Save & Continue**

AMERICAN BENEFITS GROUP
My COBRA Resource

- Select **Add Subsidy Schedule**

- *If there will be no subsidy or it will be added later, select **Save & Continue** to skip this page.*

Subsidies   Step 5 of 7

+ Add Subsidy Schedule

Start Date	End Date	Plan Type	Subsidy Type	Subsidy Amount Type Amount

No data to display

Cancel   ← Previous   → Save & Continue

- All fields are required

- **Subsidy Schedule Start:** *should always be the first of a month, even if coverage begins mid-month.*

- **Subsidy Schedule End:** *the last day of coverage you are paying for. (see next slide for a note on mid-month end dates)*

- **Subsidy Schedule Amount Type:** *percentage or flat amount*

- **Amount:** *Enter the percentage or flat amount the* __*employer*__ *is paying towards the coverage. The Member will be charged the difference*

- **Insurance Type:** *Select from drop-down menu.*

- *Select* **Add** *to save.*

Subsidies   Step 5 of 7

+ Add Subsidy Schedule

Add Subsidy Schedule   ×

Subsidy Schedule Start: *	Subsidy Schedule End: *
07/01/2018	07/31/2018

Subsidy Schedule Type: *	Subsidy Schedule Amount Type: *
Employer Subsidy	Percentage

Plan Type: *	Amount: *
Medical	100.00%

Subsidy Schedule has been successfully added

+ Add Subsidy Schedule

Start Date	End Date	Plan Type	Subsidy Type	Subsidy Amount Type	Amount
07/01/2018	07/31/2018	Medical	Employer Subsidy	Percentage	100.00%

Subsidy Reminders to Keep in Mind

- **ALWAYS terminate benefits at the time of the qualifying event -** even if there is a Severance Agreement/subsidy. Failure to do so may result in the Member remaining on your benefits past the end date of the subsidy, since ABG will not generate a Termination Notice if they have not made an election with us.
- **Members must elect COBRA** in order to take advantage of an Employer subsidy (even if it is 100% employer paid).
- **If the Member elects a benefit that is not subsidized,** they must pay the first month's premium before all benefits (subsidized or non-subsidized) are reinstated.
- **If the subsidy ends mid-month** and the Member does not pay the difference for the remainder of the month, the system will automatically terminate benefits back to the end of the previous month, regardless of any subsidy on the account. The Member **must** contact us before the end of the payment grace period if they would like to cancel their benefit(s) for the end date of the subsidy.

AMERICAN BENEFITS GROUP
My COBRA Resource

- The Subsidy has been saved.

- *Select **Add Subsidy Schedule** & repeat steps for each subsidy & insurance type.*

  - *Multiple subsidy schedules can be added for the same insurance type, provided the dates do not overlap.*

- *Select **Save & Continue** to move on to letter inserts.*

Subsidies   Step 5 of 7

Subsidy Schedule has been successfully added

+ Add Subsidy Schedule

Start Date	End Date	Plan Type	Subsidy Type	Subsidy Amount Type	Amount
07/01/2018	07/31/2018	Medical	Employer Subsidy	Percentage	100.00%

Cancel   ← Previous   → Save & Continue

- If a **Letter Insert** applies, check the box.

- *Letter inserts are attached to the end of the Specific Rights Notice.*

- *Select **Save & Continue** to move on to letter attachments or skip.*

Letter Inserts   Step 6 of 7

☐ California Specific Rights Letter Insert

☐ Commonwealth of VA Continuation

☐ Connecticut Specific Rights Letter Insert

☐ Georgia State Continuation

☐ Illinois State Continuation

☐ Minnesota Continuation Specific Rights Insert

☐ Minnesota Life Specific Rights Letter Insert

☐ New York State Continuation

☐ Oregon Specific Rights Letter Insert

☐ Rhode Island State Continuation

☐ Texas Specific Rights Letter Insert

☐ VEBA Specific Rights Letter Insert

Cancel   ← Previous   → Save & Continue

AMERICAN BENEFITS GROUP
My COBRA Resource

- If a **Letter Attachment** is available, and applicable, you will be able to select it here.

- *This will not apply for most members.*

- *Select **Add Member** to finish the entry.*
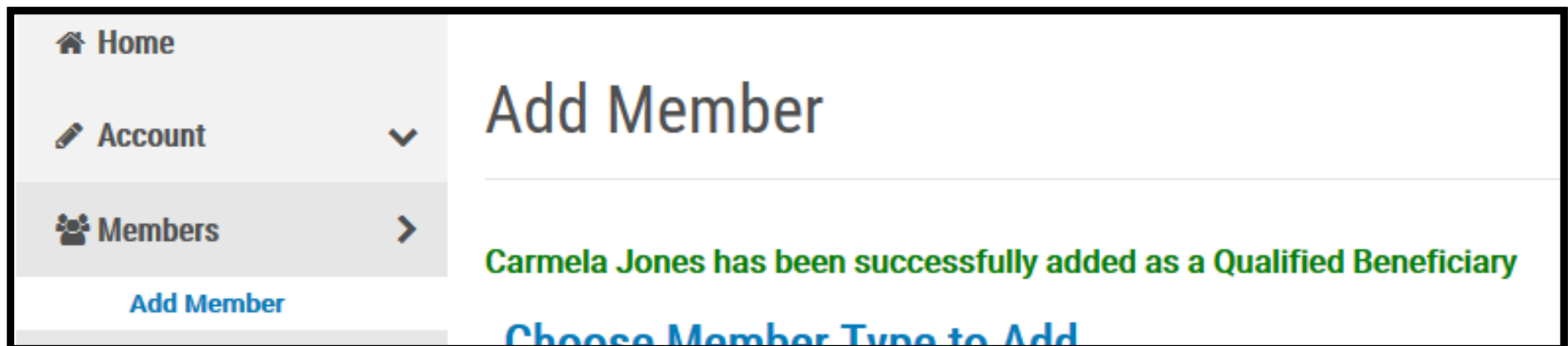
Letter Attachments   Step 7 of 7

Attach   Name

No data to display

Cancel   ← Previous   → Add Member

🏠 Home

✏ Account   ∨

👥 Members   ❯

   Add Member

Add Member

Carmela Jones has been successfully added as a Qualified Beneficiary

Choose Member Type to Add