

# COBRA Enrollment Tip Sheet

## (For Completion of Medica Enrollment)

### Important

Make sure to terminate enrollees from active coverage immediately following the termination event. If COBRA is elected, follow the process below and send the completed form to the address/fax listed on the bottom of the form. The Medica enrollment department cannot accept forms by email.

Any Medica ONESource changes must be made in the ONESource portal.

## COBRA Enrollment Options

Medica offers a variety of options for COBRA enrollment.

- **Forms:** Printed forms can be mailed or faxed.

*By mail:*

Medica

P.O. Box 30986

Salt Lake City, UT 84130-0986

*Or fax to:*

**1 (844) 280-3838**

- **Spreadsheets:** Medica-approved spreadsheet templates can be used to make enrollment changes. Please contact your Medica representative if you would like access to enrollment spreadsheets.
- **Secure upload:** Enrollment documents can be securely uploaded on [Medica.com](https://www.Medica.com). Only Medica's Group **Enrollment/Change/Cancellation Form** and Medica-approved enrollment spreadsheets are accepted through this method.
- **Employer eServices:** Check with your client to see if they have access to this online portal to make enrollment changes. You will need to work through your client for access.

## COBRA Enrollment

- To enroll, check the Change box in the **Employee Information** section. Provide the full name and social security number for identification purposes (and any other data elements that may be changing).
- Complete the **Dependent Information** section (if applicable).
- Complete the **Product Selection** section.
- Complete the **Employee Authorization & Representation** section.

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- Complete the **Employer** section.

Be sure to provide the COBRA Start Date and Qualifying Event.

*For example: Start Date – 1/1/2024, Qualifying Event – Termination of Employment, Reduction in Hours, Divorce, etc.*

### c. COBRA/Continuation

Start Date: \_\_\_ / \_\_\_ / \_\_\_

Qualifying Event:

Trade Act Eligible:  Yes  No

If COBRA/Continuation due to divorce, identify relationship to employee:

Employee Name:

Employee SSN:

- Sign and date the form. Please also print name and provide position (such as COBRA Administrator).

## Terminating COBRA Coverage

- To terminate COBRA coverage, check the *Cancel* box in the Employee **Information** Section.
- Provide the full name and social security number for identification purposes.
- Complete the **Dependent Information** section (if applicable).
- There is a 60-day limit on retroactive terminations.

Be sure to complete the Group Information and Cancellation sections.

### d. Cancellations

Check One:

- Cancel all coverage
- Cancel dependents listed in Section B

Last date of employment: \_\_\_ / \_\_\_ / \_\_\_

Requested effective date of cancellation:

\_\_\_ / \_\_\_ / \_\_\_

Reason: (check one)

- Employee Terminated
- Medicare eligible
- COBRA Termination
- Dependent reached student/dependent maximum age
- Other (describe):
- Moved out of service area
- Death
- Divorce

- Sign and date the form. Please also print name and provide Position (such as COBRA Administrator).

If you have any questions, please call the Medica Service Center at **1 (952) 992-2200** or **1 (800) 936-6880**.