



Cal-COBRA, COBRA and Medicare Survey

In order to ensure compliance with state and federal laws, we need you to update Blue Cross 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.**

Please complete this form and mail to the following address:

<Group Name>
<Group Address>
<City State Zip>

Blue Cross of California
P.O. Box 9042
Oxnard, CA 93031-9042

Group No: <group number>

Or fax to: **(805) 480-7024**

Cal-COBRA, COBRA and Medicare Eligibility

Please provide the following information for the specified calendar year. Below is a worksheet to assist in determining your employee count. *Include all employees, regardless of their enrollment in a Blue Cross plan.*

<u>COBRA Status</u>		Calendar Year 2004	<u>Medicare Status</u>		Calendar Year 2004
How many full-time employees did your company have for at least 50% of the business days in the calendar year?		_____	How many employees did your company have for at least 20 or more calendar weeks during the year?		_____
<u>Include</u> Seasonal Owners Officers	<u>Exclude</u> Self-employed persons Independent contractors Directors		<u>Include</u> Full-Time Part-Time Seasonal Owners Officers	<u>Exclude</u> Self-employed persons Independent contractors Directors	
How many part-time employees did your company have for at least 50% of the business days in the calendar year?		_____			
<u>Include</u> Seasonal Owners Officers	<u>Exclude</u> Self-employed persons Independent contractors Directors				
How many full-time equivalents (FTEs) can be derived from the total number of full and part time employees listed above?		_____	<u>Please List SIC Code:</u>		_____
➤ 1 Full-Time Employee = 1 FTE ➤ 1 Part-Time Employee = a fraction of 1 FTE Example: 1 Part-Time Employee works 10 hours per week = ¼ FTE 1 Part-Time Employee works 20 hours per week = ½ FTE 1 Part-Time Employee works 30 hours per week = ¾ FTE <u>3 Full-Time Employees work 40 hours per week = 3 FTEs</u> Company's Total Full Time Equivalents = 4 ½ FTEs					
Based on the information provided above, please indicate your group's COBRA status: <input type="checkbox"/> Cal-COBRA (2 to 19 Full-Time Equivalents) <input type="checkbox"/> Federal COBRA (20 or more Full-Time Equivalents)			Based on the information provided above, please indicate your group's Medicare status: <input type="checkbox"/> Medicare Prime (Less than 20 Full and Part-Time Employees) Blue Cross Prime (20 or more Full and Part-time Employees)		

Should you have any questions regarding this form, please call your Blue Cross agent or Customer Service at 1-800-627-8797.

Group Administrator's Name (please print)

()
Fax Number

Group Administrator's Signature

()
Telephone Number

Date

Please check this box to allow Blue Cross of California to use the above data to ensure your group contact information is current.