Cal-COBRA, COBRA and Medicare Survey

In order to ensure compliance with state and federal laws, we need you to update Anthem 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:

Anthem Blue Cross
PO Box 9062
Oxnard, CA 93031-9062

Or fax to: **(805) 499-0842**

Group No:

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 an Anthem Blue Cross plan.*

COBRA Status	Calendar Year 2008	Medicare Status	Calendar Year 2008
How many **full-time** employees did your company have for at least **50% of the business days** in the calendar year? Include: Seasonal, Owners, Officers Exclude: Self-employed persons, Independent contractors, Directors	_____	How many employees did your company have for at least **20 or more calendar weeks** during the year? Include: Full-Time, Part-Time, Seasonal, Owners, Officers Exclude: 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? Include: Seasonal, Owners, Officers Exclude: 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? ➢ 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 3 Full-Time Employees work 40 hours per week = 3 FTEs Company's Total Full Time Equivalents = 4 ½ FTEs	_____	**Please List SIC Code:**	_____
Based on the information provided above, please indicate your group's COBRA status: ❑ Cal-COBRA (2 to 19 Full-Time Equivalents) ❑ Federal COBRA (20 or more Full-Time Equivalents)		Based on the information provided above, please indicate your group's Medicare status: ❑ Medicare Prime (Less than 20 Full and Part-Time Employees) ❑ Anthem Blue Cross Prime (20 or more Full and Part-time Employees)	

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

_____ Group Administrator's Name (please print)

_____ Group Administrator's Signature

_(_____)_____ Fax Number

_(_____)_____ Telephone Number

_____ Date

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