



## 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 or (805) 499-7762**

SIC Code: \_\_\_\_\_

### 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.**

<u>COBRA Status</u>	Calendar Year	<u>Medicare Status</u>	Calendar Year																														
<p>***<b>Full-time equivalents (FTEs)</b> can be derived from the total number of full and part time employees listed below***</p> <ul style="list-style-type: none"> <li>➤ 1 Full-Time Employee = 1 FTE</li> <li>➤ 1 Part-Time Employee = a fraction of 1 FTE</li> </ul> <p><b>Example:</b>            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</p>	_____	<p>How many employees did your company have for at least <b>20 or more calendar weeks</b> during the year?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Include</u>            Full-Time            Part-Time            Seasonal            Owners            Officers         </td> <td style="width: 50%; vertical-align: top;"> <u>Exclude</u>            Self-employed persons            Independent contractors            Directors         </td> </tr> </table>	<u>Include</u> Full-Time Part-Time Seasonal Owners Officers	<u>Exclude</u> Self-employed persons Independent contractors Directors	_____																												
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<p>How many <b>full-time</b> employees did your company have for at least <b>50% of the business days</b> in the calendar year?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Include</u>            Seasonal            Owners            Officers         </td> <td style="width: 50%; vertical-align: top;"> <u>Exclude</u>            Self-employed persons            Independent contractors            Directors         </td> </tr> </table>	<u>Include</u> Seasonal Owners Officers	<u>Exclude</u> Self-employed persons Independent contractors Directors	_____	<p>Based on the information provided above, please indicate your group's Medicare status:</p> <p><input type="checkbox"/> Medicare Prime (Less than 20 Full and Part-Time Employees)</p> <p><input type="checkbox"/> Anthem Blue Cross Prime (20 or more Full and Part-time Employees)</p>	_____																												
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<p>How many <b>part-time</b> employees did your company have for at least <b>50% of the business days</b> in the calendar year?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>Include</u>            Seasonal            Owners            Officers         </td> <td style="width: 50%; vertical-align: top;"> <u>Exclude</u>            Self-employed persons            Independent contractors            Directors         </td> </tr> </table>	<u>Include</u> Seasonal Owners Officers	<u>Exclude</u> Self-employed persons Independent contractors Directors	_____	<p><b>DE-6 Quarterly Report (DATA CHART)</b></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td>JAN</td><td>APR</td><td>JULY</td><td>OCT</td> </tr> <tr> <td>FEB</td><td>MAY</td><td>AUG</td><td>NOV</td> </tr> <tr> <td>MAR</td><td>JUNE</td><td>SEPT</td><td>DEC</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> </table>		JAN	APR	JULY	OCT	FEB	MAY	AUG	NOV	MAR	JUNE	SEPT	DEC																
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<p>Based on the information provided above, please indicate your group's COBRA status:</p> <p><input type="checkbox"/> Cal-COBRA (2 to 19 Full-Time Equivalents)</p> <p><input type="checkbox"/> Federal COBRA (20 or more Full-Time Equivalents)</p>	_____	<p>**Note: For consideration to review the prior year, you will be required to submit a DE-6 (the entire <u>prior</u> calendar year).</p>																															

**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)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Fax Number

Group Administrator's Signature

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

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.