

# Cal-COBRA, COBRA and Medicare Survey



To ensure compliance with state and federal laws, we need you to update Anthem Blue Cross (Anthem) 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.**

Group name	Group/case no.	Federal tax ID no.	SIC code
Street address	City	State	ZIP code

## Cal-COBRA, COBRA and Medicare eligibility

Please provide the following information to be used for Calendar Year 2025, "preceding calendar year" in the questions below means 2024. Below is a worksheet to assist in determining your employee count. Include all employees (full-time, part-time, and seasonal), regardless of their enrollment in an Anthem plan. "Your company" will include all employees in companies that are under common ownership with your company under I.R.C. 414 (b), (c), (m), or (o). Do not include self-employed persons or independent contractors.

### COBRA status

How many common law <b>full-time equivalent</b> (FTE) employees did your company have on 50 percent or more of its regular business days during the "preceding calendar year"? <input style="width: 100px;" type="text"/>	
<p>Full-time equivalents (FTEs) are counted as follows:</p> <ul style="list-style-type: none"> <li>• 1 Full-time employee = 1 FTE</li> <li>• 1 Part-time employee works 10 hours per week = ¼ FTE</li> <li>• 1 Part-time employee = a fraction of 1 FTE</li> </ul>	<p>Example:</p> <p>1 Part-time employee works 10 hours per week = ¼ FTE</p> <p>1 Part-time employee works 20 hours per week = ½</p> <p>1 Part-time employee works 30 hours per week = ¾ FTE</p> <p><u>3 Full-time employees work 40 hours per week = 3 FTEs</u></p> <p>Company's total full-time equivalents = 4 ½ FTEs</p>
<p>Based on the information provided above, please indicate your group's COBRA status. <b>Select only one:</b></p> <p><input type="checkbox"/> 2 to 19 full-time equivalents on 50 percent or more of your company's regular business days during the preceding calendar year.</p> <p><input type="checkbox"/> 2 to 19 full-time equivalents on 50 percent or more of your company's regular business days during the preceding calendar quarter, if your company was not in business during any part of the preceding calendar year. If your company was not in business during any part of the preceding calendar year, how many common law full-time equivalent employees did your company have on 50 percent or more of its regular business days during the preceding calendar quarter? _____</p> <p><input type="checkbox"/> Federal COBRA (20 or more full-time equivalents on 50 percent or more of your company's regular business days during the preceding calendar year)</p>	

### Medicare status

For <b>Medicare due to Age</b> , did your company have 20 or more employees for each working day in each of 20 or more calendar weeks in the current calendar year or the preceding calendar year?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
For <b>Medicare due to Disability</b> , did your company have 100 or more employees on 50 percent or more of its regular business days during the preceding calendar year?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
<p>Based on the information provided above, please indicate your group's Medicare status:</p> <p><input type="checkbox"/> For Medicare due to Age, Medicare Prime based on less than 20 total employees.</p> <p><input type="checkbox"/> For Medicare due to Age, Anthem Blue Cross Prime based on 20 or more total employees.</p> <p><input type="checkbox"/> For Medicare due to Disability, Medicare Prime based on less than 100 total employees.</p> <p><input type="checkbox"/> For Medicare due to Disability, Anthem Blue Cross Prime based on 100 or more total employees.</p>		
Printed group administrator name	Phone no.	Fax no.
Group administrator signature <b>X</b>	Date	

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

**Questions?** Please contact your legal counsel and tax advisor.

Please complete this form and mail to the following address:

Anthem Blue Cross      Or fax to:      Or email to:  
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