

Association of General Contractors (AGC)

BENEFITHELP SOLUTIONS (BHS) COBRA PROCESS INFORMATION

Qualifying Event (QE) Notifications Process

When a qualifying event occurs, to ensure that you remain in compliance, you are required by the Department of Labor to send BenefitHelp Solutions (BHS) notice of that qualifying event within 30 days of the occurrence. The notification process is as follows:

1. Go to http://www.benefithelpsolutions.com/employers/cobra_forms.shtml
2. Click on the [Employer COBRA Qualifying Event Notice Spreadsheet](#).
3. Complete the spreadsheet (use the Key tab located at the bottom of the page for assistance).
4. Email the spreadsheet to cobraqe@benefithelpsolutions.com
5. You will receive confirmation from BHS that we have received the notification.

The QE spreadsheet is also available for download at:
<http://www.thincservice.com/ORAGCDocs/QETemplate.xls>

Note: If you do not have online capabilities, please use the enclosed fax form as an alternative option for notifying BHS of qualifying events. If you do have online access we request that you email the spreadsheet. If faxing your QE notices is your only option, please send the included fax form in to attention: AGC COBRA Department at 888-393-2943.

For questions regarding COBRA contact BHS at:

503-765-3460 or 1-800-822-3173

Mail: BenefitHelp Solutions
Attn: COBRA Department AGC
PO Box 67240
Portland OR 97268-1240

Fax: Please send faxes to BenefitHelp Solutions at 1-888-393-2943

COBRA CONTACTS

Supervisor COBRA/Retirees

Cheryl Zehrfeld extension 3435 zehrfec@benefithelpsolutions.com
503-765-3435

Lead COBRA/Retirees

Gordon Murphy extension 2345 murphyg@benefithelpsolutions.com
503-765-3445

Member Specialist

Rowan Fietzek extension 2338 fietzer@benefithelpsolutions.com
503-765-3524

COBRA QUALIFYING EVENT NOTIFICATION PROCESS

Sending QE Notices to BenefitHelp Solutions

The spreadsheet is available for download at:

http://www.benefithelpsolutions.com/employers/cobra_forms.shtml and is also included this packet.

Email COBRA Qualifying Event Notifications to Rowan Fietzek at cobrage@benefithelpsolutions.com

Fax COBRA Qualifying Event Notifications to Rowan Fietzek at 888-393-2943

Customer Service

General Numbers PDX area 503-765-3460
Toll Free 800-822-3173

Operations Manager

Ian Jacobson extension 3465 jacobsi@benefithelpsolutions.com
503-765-3465

Marketing Representative

Kimber Waldroff extension 3516 waldrok@benefithelpsolutions.com
503-765-3516

GroupFacts Technicians: Responsible for setting up/verifying rates and carrier information

Kathleen Duncan extension 2373 duncank@benefithelpsolutions.com
Matt Adams extension 2308 adamsm@benefithelpsolutions.com

COBRA PROCESS OVERVIEW

GROUP RESPONSIBILITIES

1. Sign & return Admin Agreement
2. Provide initial notice of COBRA rights to new employees and their dependents.
3. Notify BenefitHelp Solutions of COBRA Qualifying Events (QE) within 30 days of event with spreadsheet via email or fax-
please see QE Notification Process
4. Provide BenefitHelp Solutions with current COBRA census:
 - a. Requesting it from Current Admin/Carrier (old TPA)
5. Provide enrolled member information:
 - a. Name
 - b. Date of Birth
 - c. Gender
 - d. SS#
 - e. Effective Date
 - f. Qualifying Event
 - g. Paid thru Date
 - h. Dependent Information

BENEFITHELP SOLUTIONS' RESPONSIBILITIES

1. Account set up
2. Provide employer with initial notice template-*see sample*
3. Provide QE notices to beneficiaries
4. Provide confirmation letters to continuants
5. Invoice continuants
6. Collect premiums from continuants
7. Send weekly eligibility reports to carriers
8. Send premiums to carriers monthly
9. Send continuants notice of delinquent premiums
10. Term continuants off of the plan due to:
 - **Member requests term in writing**
 - **Member termed for non-payment**
 - **Member becomes Medicare eligible**
 - **Member reaches end of COBRA period**
 - **Dependent reaches overage status**

FAX

COBRA QE REQUEST

BENEFITHELP

Solutions®

DATE: _____ **REQUEST #** _____ **of** _____
TO: Rowan Fietzek @ BenefitHelp Solutions COBRA
FAX: 888 393-2943 **TEL:** 800 822-3173
FROM: _____
COMPANY: _____
FAX: _____ **TEL:** _____

Please send a COBRA Election Notice as indicated below:					
QUALIFYING EVENT (REASON COVERAGE ENDING)		DATE OF QUALIFYING EVENT		DATE COVERAGE ENDS	
NAME OF QUALIFIED BENEFICIARY (PERSON LOSING COVERAGE)				SOCIAL SECURITY NUMBER	
MAILING ADDRESS					
NAME OF COVERED EMPLOYEE (IF DIFFERENT)				SOCIAL SECURITY NUMBER	
LIST ALL COVERED INDIVIDUALS INCLUDING QUALIFIED BENEFICIARY	SSN	GENDER	RELATION	ENROLLED IN MEDICAL PLAN?	ENROLLED IN DENTAL PLAN?
Qualified Beneficiary	See above		Self		

This facsimile is for the sole use of the individual to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, nor authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose or distribute to anyone the facsimile or any information contained in the facsimile. If you have received this facsimile in error, please immediately advise the sender by phone and destroy the information.