



Second Notice to Group Administrators

Please disregard this notice if you have already returned your Small Group’s annual Cal-COBRA, COBRA and Medicare survey.

In order to ensure compliance with state and federal laws, you are required to update Blue Cross annually with your company’s Cal-COBRA or COBRA and Medicare eligibility for the upcoming year. Please complete this form and mail it to the following address:

**Blue Cross of California
P. O. Box 9062
Oxnard, CA 93031-9062**

Cal-COBRA or COBRA Eligibility (Please check the box that describes your group’s eligibility):

- Cal-COBRA:** State legislated continuation of benefits for employers with 2-19 eligible full-time employees, employed at least 50 percent of the employer’s business days during the **previous** calendar year.
- COBRA:** Federally legislated continuation of benefits for employers with 20 or more part-time or full-time employees at least 50 percent of its business days during the **previous** calendar year. Employees may be counted based on pay periods. Self-employed persons, independent contractors, and directors are excluded for this purpose. Part-time employees are counted as fractions of a full-time employee. For example, if an employee works 20 hours a week and the employer uses 40 hours a week to denote full-time status, the 20-hour-a-week employee would count as one-half an employee for COBRA purposes.

Medicare Eligibility (Please check the box that describes your group’s eligibility):

- Blue Cross Prime:** Group employed 20 or more employees, either full time or part time, at least 50 percent of its business days during the **previous** calendar year.
- Medicare Prime:** Group employed **fewer than** 20 or more employees, either full time or part time, on at least 50 percent of its business days during the **previous** calendar year.

Please confirm the name and phone number of the person responsible for group administration:

Group’s Name

Group’s Number

Group Administrator’s Name (Please print)

Group Administrator’s Signature

Fax Number

Telephone Number

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