



Qualifying Event Guide

How to terminate an employee or process a change in status on the Flex COBRA Employer Portal

Step 1:

Select **+Add Member** on the Home Page or from the **Add Member** option in the Main Menu.

The screenshot shows the Flex COBRA Employer Portal Home page. The sidebar menu on the left includes options like Home, General, Contacts, Qualified Beneficiary, Direct Bill, Divisions, Members, Add Member (highlighted with a red box), Find Member, Imports & Reports, Recent Activity, and Help. The main content area displays a 'Welcome Flex Demo' message and a 'Members' section with a '+ Add Member' button highlighted with a red box.

Step 2:

Click the **Select** button under the Qualified Beneficiary (QB) box to begin processing the qualifying event.

The screenshot shows the 'Add Member' page. It features a 'Select a member type to add:' section with three options: 'Qualified Beneficiary (QB)', 'Direct Bill', and 'New Hire'. Each option has a 'Select' button. The 'Select' button under the 'Qualified Beneficiary (QB)' option is highlighted with a red box.

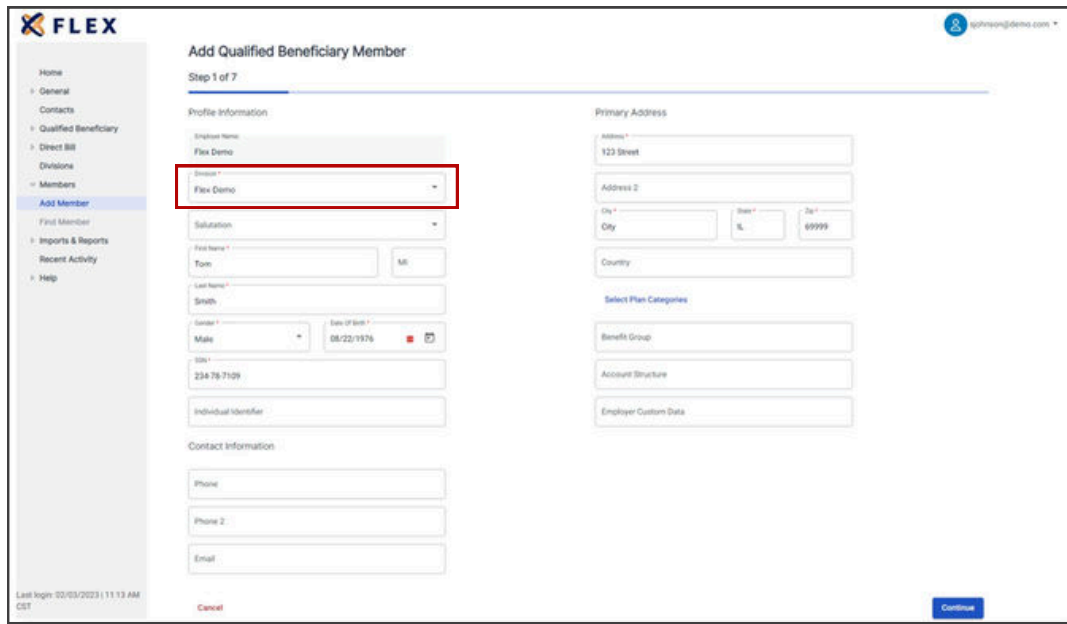
Questions? Call us at 866-847-8774

8770 W. Bryn Mawr, Suite 1290W, Chicago, IL 60631

www.myflexcobra.com

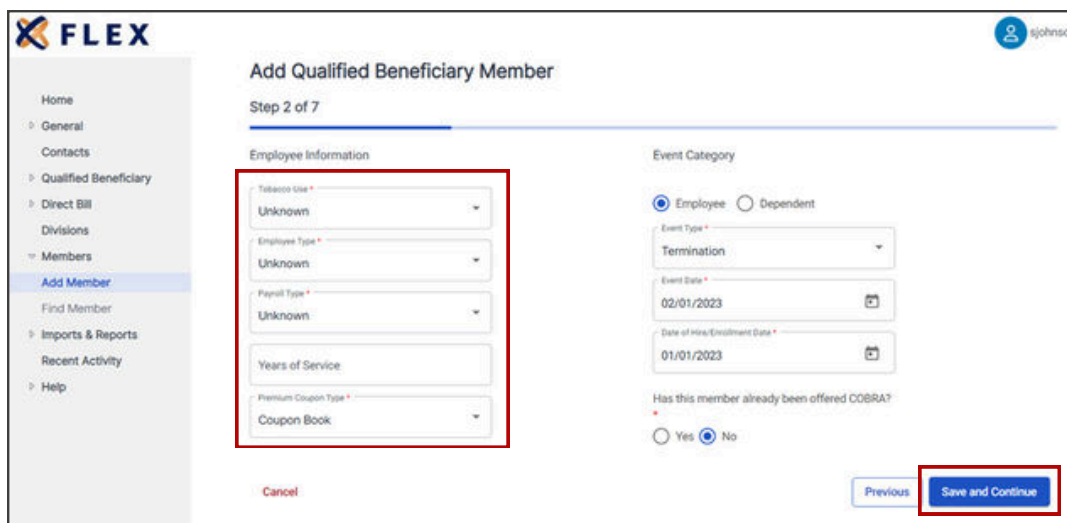
Step 3:

Select a **Division** under the Employer Name. Default is Main Division "Employer Name". Complete the required fields marked with a red asterisk and click **Continue**.



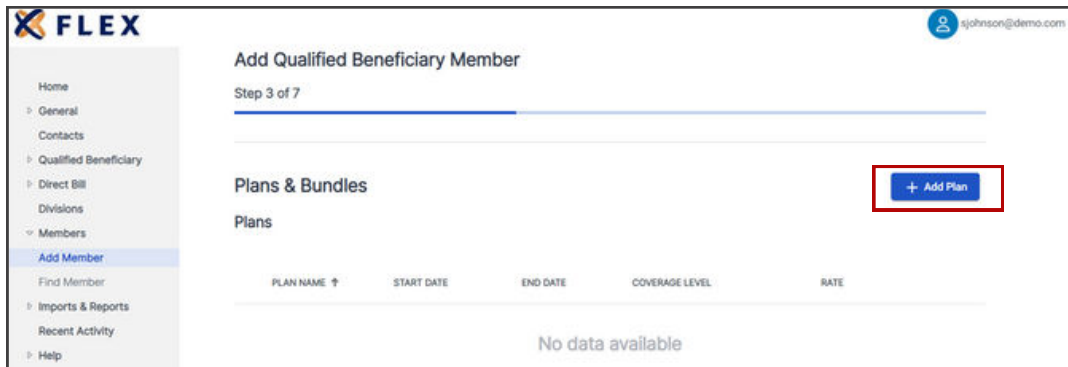
Step 4:

Enter the employee information and event category. Tobacco Use, Employee Type, and Payroll Type can remain at the default **Unknown**. Premium Coupon Type should always be **Coupon Book**. Click **Save and Continue** when completed.



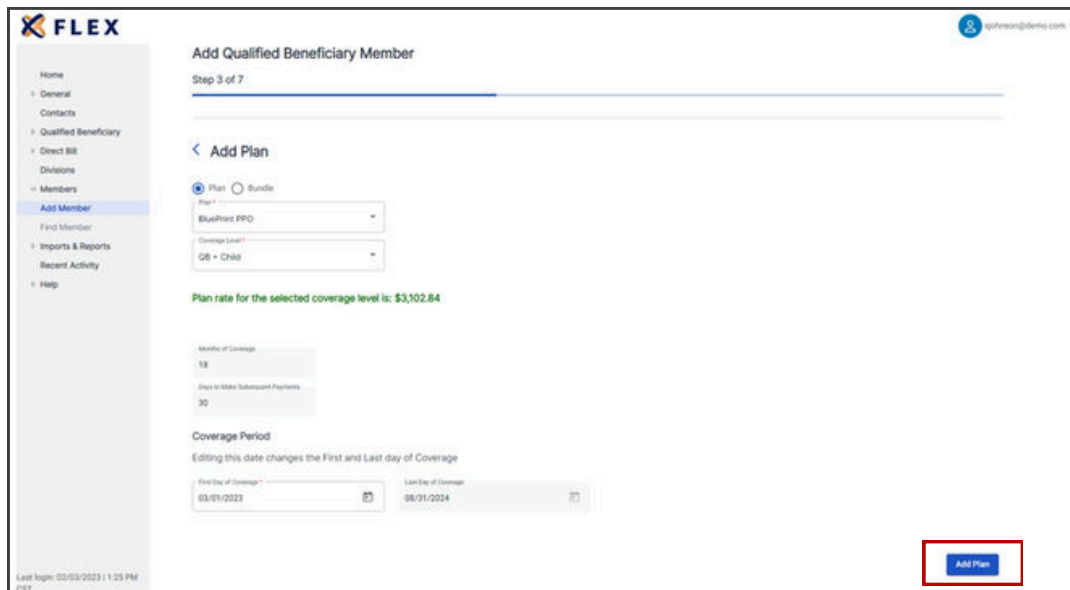
Step 5:

Add applicable employee benefit plans for the employee. You must add one eligible benefit at a time by clicking **+Add Plan**.



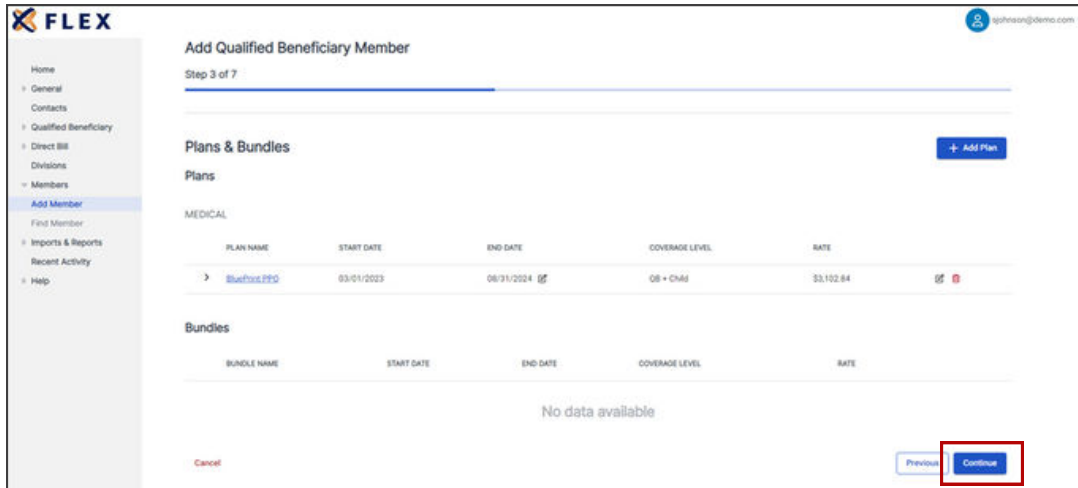
Step 6:

Select the applicable **Plan** and **Coverage Level** from the drop-down menu. **Plan Coverage Information** and **Coverage Period** will default based on your termination/event date. *Do not change these dates.* Your Qualified Beneficiary's monthly rate will show in green. Click **Add Plan** when complete.



Step 7:

Once all applicable plans have been added, click **Continue**.



FLEX

Add Qualified Beneficiary Member

Step 3 of 7

Plans & Bundles

Plans

PLAN NAME	START DATE	END DATE	COVERAGE LEVEL	RATE
BlueCross PPO	03/01/2023	06/30/2024	OB + CHS	\$3,102.84

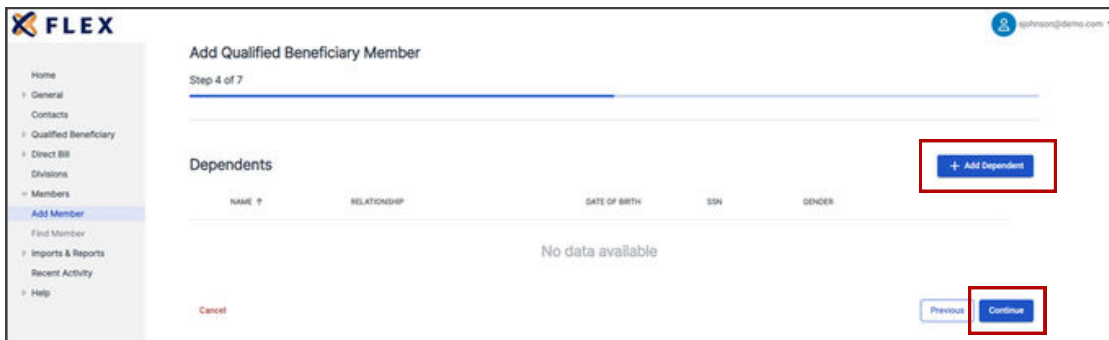
Bundles

BUNDLE NAME	START DATE	END DATE	COVERAGE LEVEL	RATE
No data available				

Cancel Previous **Continue**

Step 8:

If the Qualified Beneficiary has dependents that need to be added, add dependent information by clicking **+Add Dependent** and follow steps 9 through 11. You must add one dependent at a time. If there are no dependents, click **Continue**.



FLEX

Add Qualified Beneficiary Member

Step 4 of 7

Dependents

NAME	RELATIONSHIP	DATE OF BIRTH	SSN	GENDER
No data available				

Cancel Previous **Continue**



Step 9:

If adding a dependent, complete the required fields marked with a red asterisk, choose available dependent plan(s) by checking the box(s).

Add Qualified Beneficiary Member
Step 4 of 7

< Add Dependent

Dependent Information

Relationship*
Dependent Child

Solution*

First Name*
CHAI

MI
ME

Last Name*
Smith

Gender*
Date of Birth*

SSN*

Enrollment Date*

Plan Start Date*

03/01/2023

☐ Qualified Medical Child Support Order (QMCSO)

Primary Address

☒ Same as Qualified Beneficiary

Address
12279 Oakview Way

Address 2

City
Way

State
CA

Zip
92128

Country

Contact Information

Phone

Phone 2

Email

AVAILABLE DEPENDENT PLAN(S)

PLAN NAME	START DATE	END DATE	PLAN TYPE
<input type="checkbox"/> BluePrint PPO	03/01/2023	08/31/2024	Medical

↓ Add Selected Dependent Plan(s)

ADDED DEPENDENT PLAN(S)

PLAN NAME	START DATE	END DATE	PLAN TYPE
BluePrint PPO	03/01/2023	08/31/2024	Medical

Step 10:

Click on **Add Selected Dependent Plan(s)** then click **Add Dependent** to save.

AVAILABLE DEPENDENT PLAN(S)

PLAN NAME	START DATE	END DATE	PLAN TYPE
↓ Add Selected Dependent Plan(s)			

ADDED DEPENDENT PLAN(S)

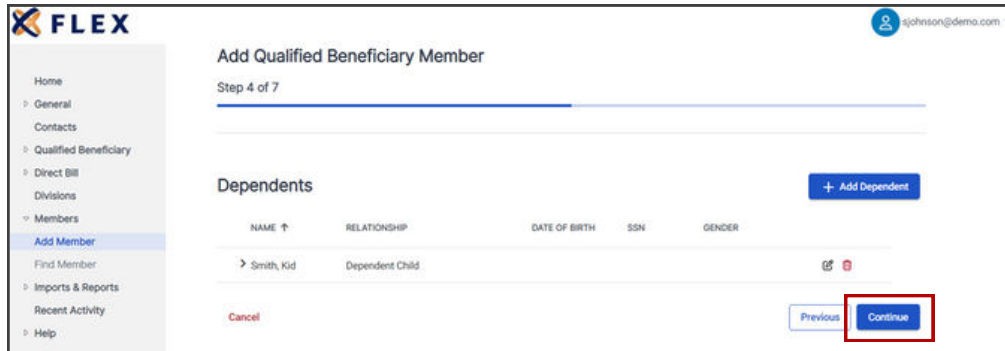
PLAN NAME	START DATE	END DATE	PLAN TYPE
BluePrint PPO	03/01/2023	08/31/2024	Medical

Add Dependent

Questions? Call us at 866-847-8774

Step 11:

You will receive a green confirmation pop up that your dependent has been added. Click **Continue** when all the dependents have been added.



FLEX Add Qualified Beneficiary Member
Step 4 of 7

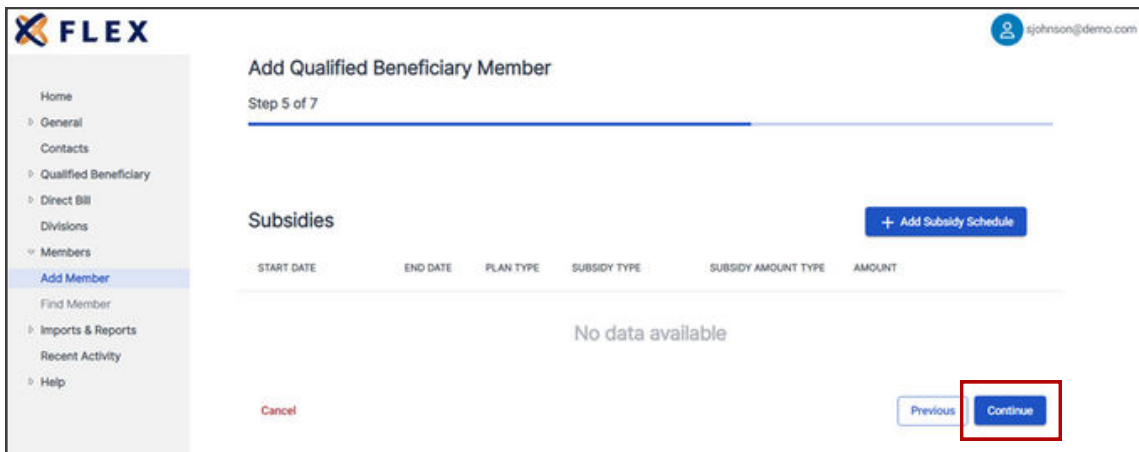
Dependents [+ Add Dependent](#)

NAME ↑	RELATIONSHIP	DATE OF BIRTH	SSN	GENDER
→ Smith, Kid	Dependent Child			

[Cancel](#) [Previous](#) [Continue](#)

Step 12:

Add any applicable subsidies and click **Continue**.



FLEX Add Qualified Beneficiary Member
Step 5 of 7

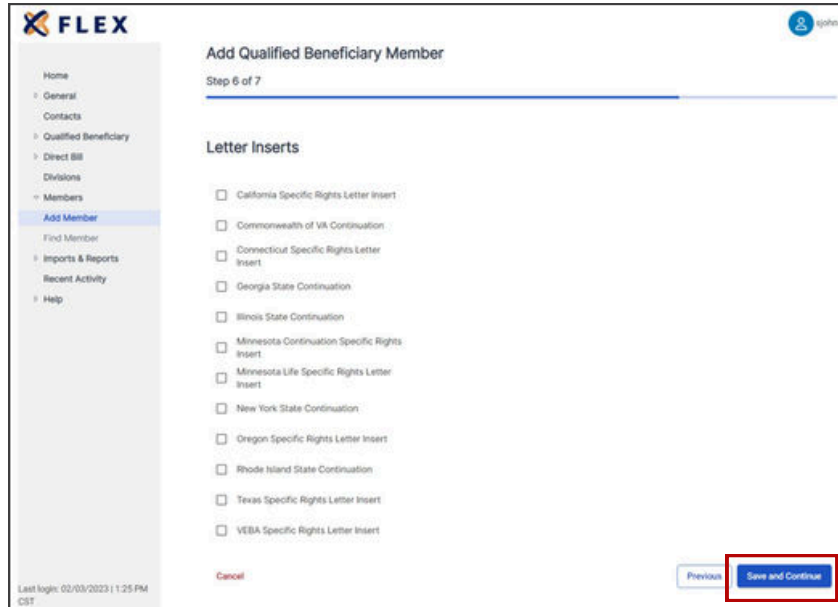
Subsidies [+ Add Subsidy Schedule](#)

START DATE	END DATE	PLAN TYPE	SUBSIDY TYPE	SUBSIDY AMOUNT TYPE	AMOUNT
No data available					

[Cancel](#) [Previous](#) [Continue](#)

Step 13:

Letter inserts should not apply. Click **Save and Continue** to skip this step.



FLEX

Home
 > General
 > Contacts
 > Qualified Beneficiary
 > Direct Bill
 > Divisions
 > Members
 > Add Member
 Find Member
 > Imports & Reports
 Recent Activity
 > Help

Add Qualified Beneficiary Member
 Step 6 of 7

Letter Inserts

- ☐ California Specific Rights Letter Insert
- ☐ Commonwealth of VA Continuation
- ☐ Connecticut Specific Rights Letter Insert
- ☐ Georgia State Continuation
- ☐ Illinois State Continuation
- ☐ Minnesota Continuation Specific Rights Insert
- ☐ Minnesota Life Specific Rights Letter Insert
- ☐ New York State Continuation
- ☐ Oregon Specific Rights Letter Insert
- ☐ Rhode Island State Continuation
- ☐ Texas Specific Rights Letter Insert
- ☐ VEBA Specific Rights Letter Insert

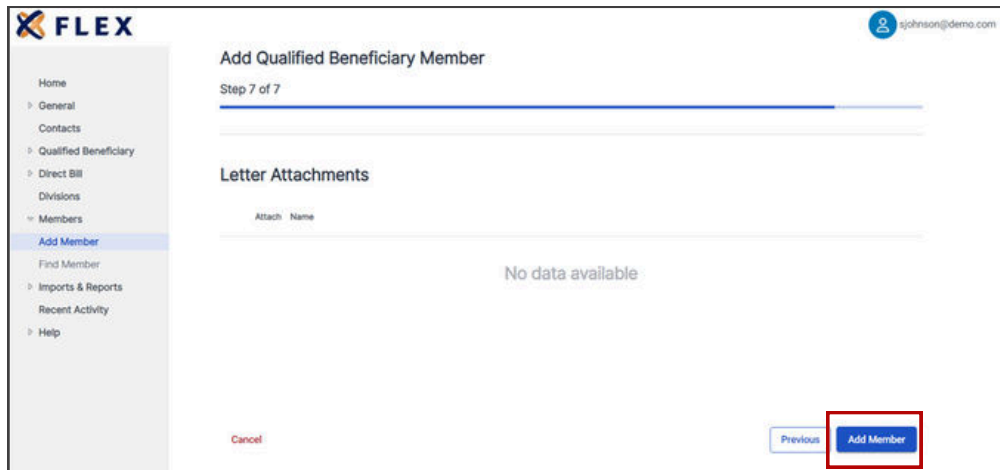
Cancel

Previous **Save and Continue**

Last login: 02/03/2023 | 1:25 PM CST

Step 14:

Review any letter attachments, if applicable, and click **Add Member** to complete the **Qualifying Event**.



FLEX

Home
 > General
 > Contacts
 > Qualified Beneficiary
 > Direct Bill
 > Divisions
 > Members
 > Add Member
 Find Member
 > Imports & Reports
 Recent Activity
 > Help

Add Qualified Beneficiary Member
 Step 7 of 7

Letter Attachments

Attach	Name
No data available	

Cancel

Previous **Add Member**

sjohnson@demo.com

You will receive a pop-up message confirmation that your member has been successfully added as a **Qualified Beneficiary**.

Click [here](#) to download the **COBRA Employer Website Guide** for additional information on how to view or access member information.