



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.

Step 2:

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

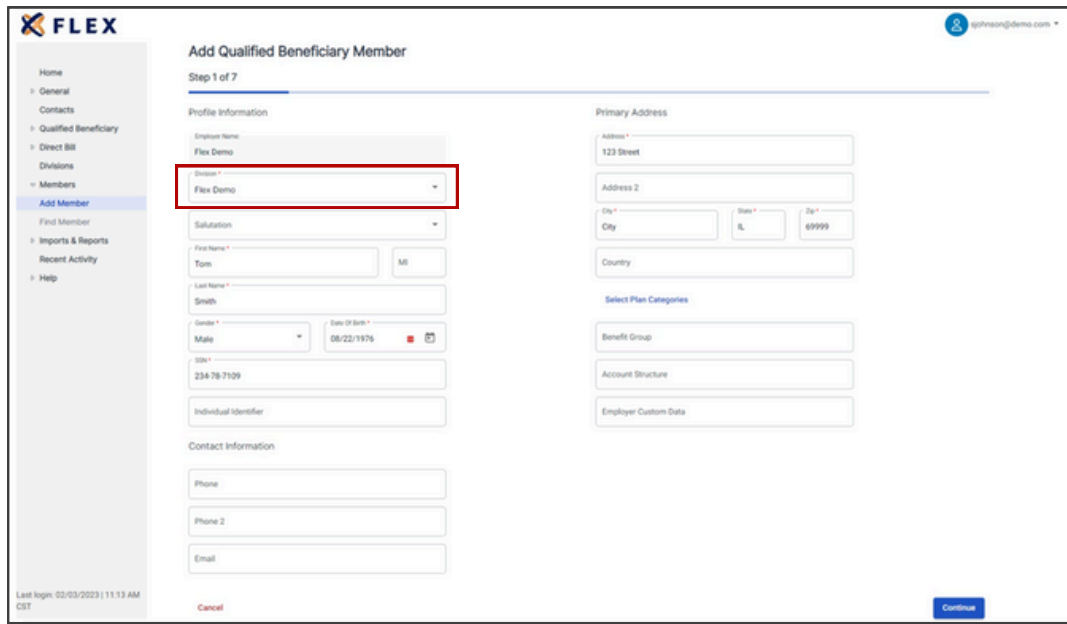
Questions? Call us at 888-345-7990, Option 3

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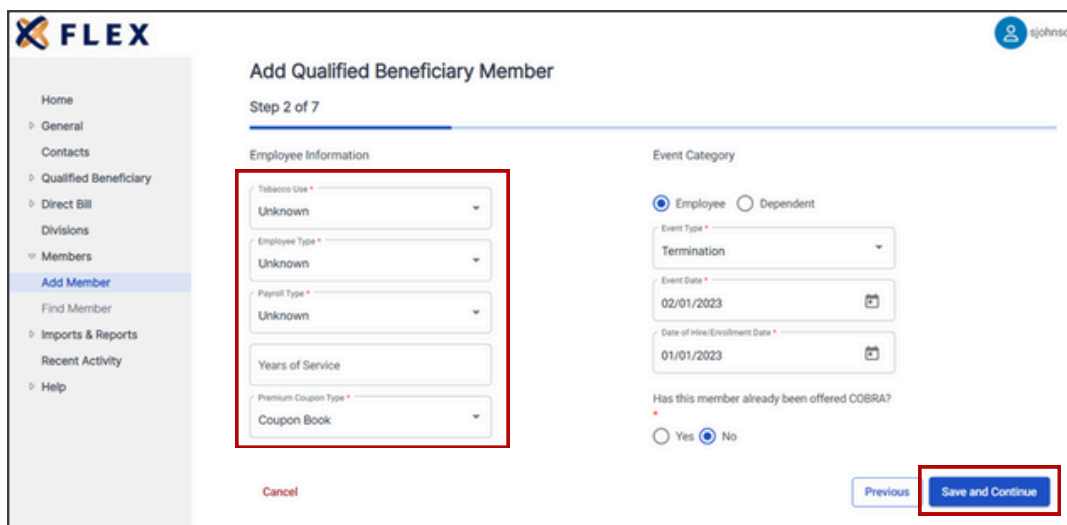
Step 3:

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**.



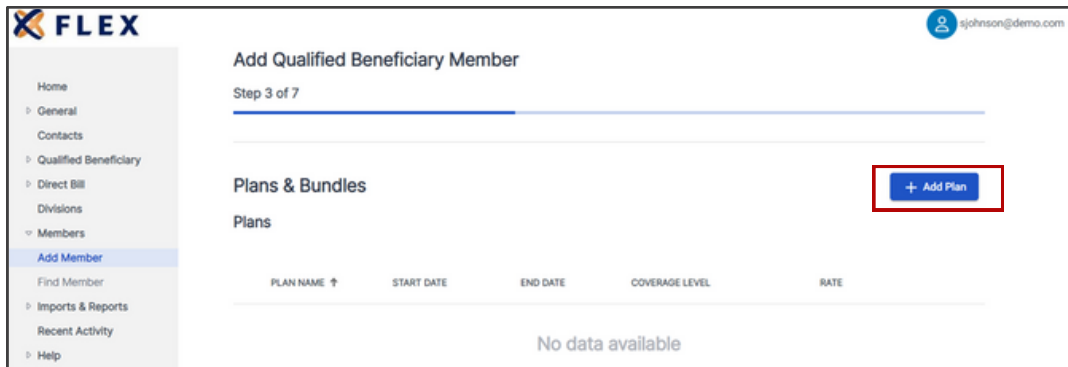
Step 4:

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.



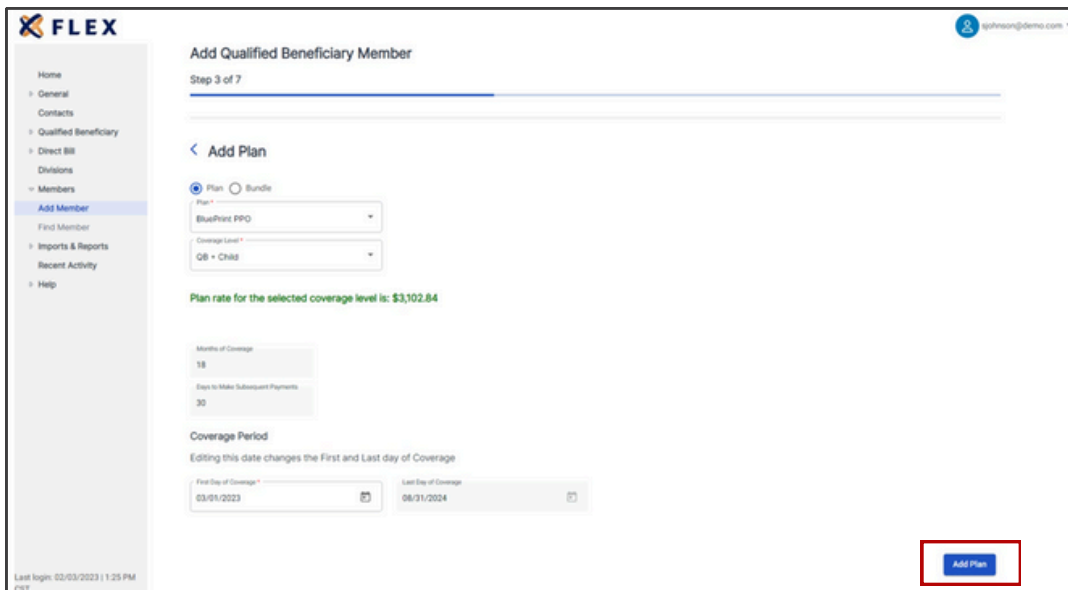
Step 5:

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



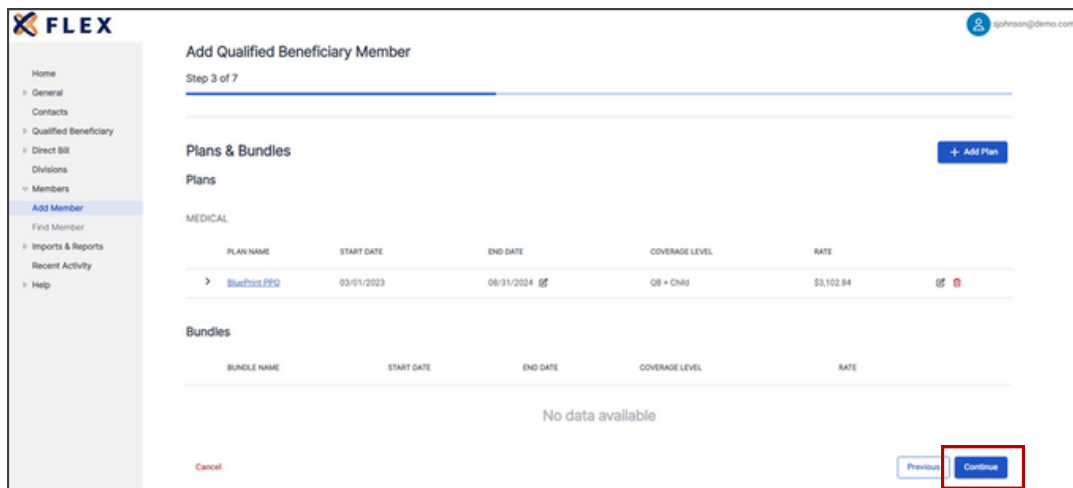
Step 6:

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**.



FLX

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Add Qualified Beneficiary Member
 Step 3 of 7

Plans & Bundles + Add Plan

Plans

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

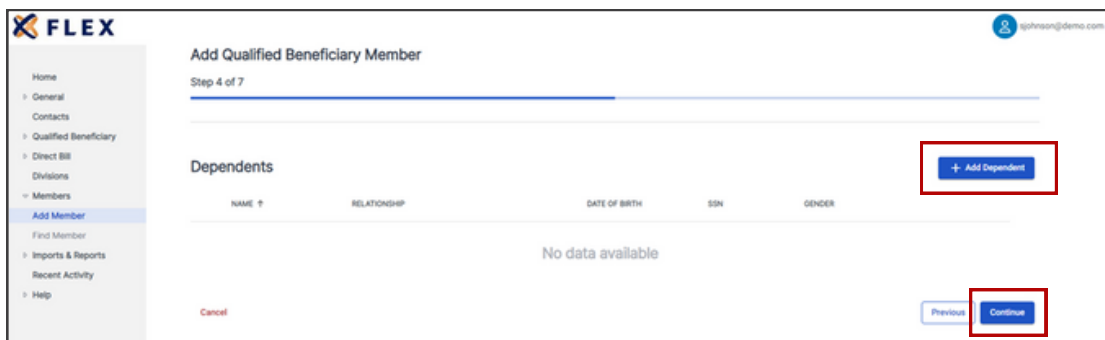
Bundles

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**.



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Add Qualified Beneficiary Member
 Step 4 of 7

Dependents + Add Dependent

NAME	RELATIONSHIP	DATE OF BIRTH	SSN	GENDER
No data available				

Cancel Previous Continue

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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*
Child MI

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 checked="" 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)

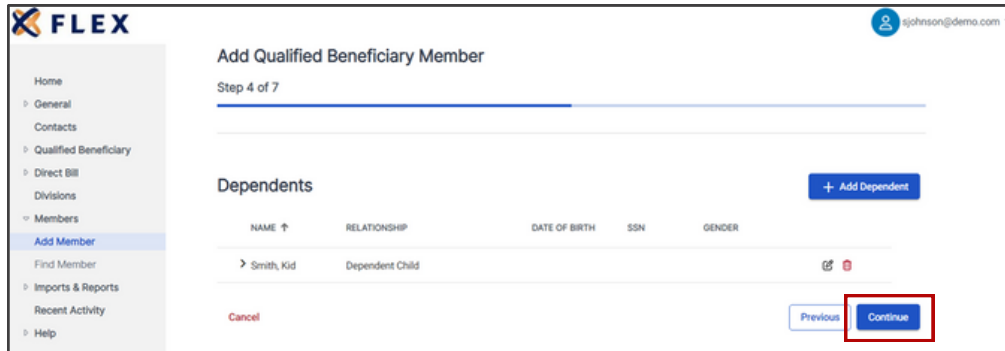
PLAN NAME	START DATE	END DATE	PLAN TYPE
BluePrint PPO	03/01/2023	08/31/2024	Medical

Add Dependent

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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

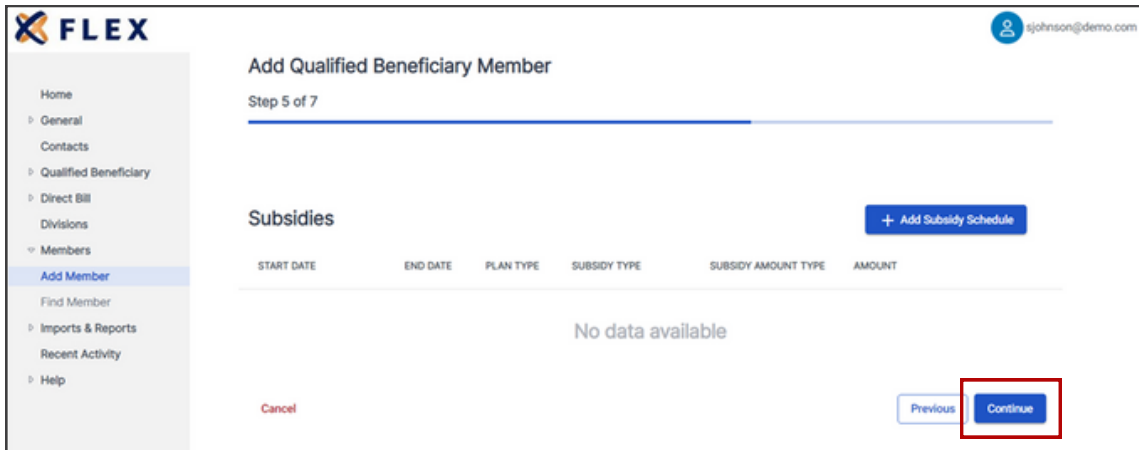
Dependents [+ Add Dependent](#)

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](#)

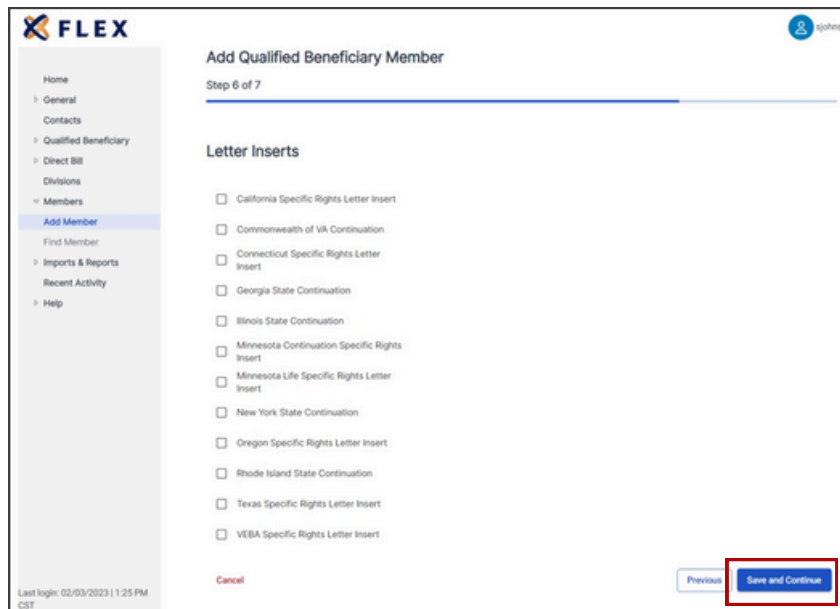
START DATE	END DATE	PLAN TYPE	SUBSIDY TYPE	SUBSIDY AMOUNT TYPE	AMOUNT
No data available					

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

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Step 13:

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



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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

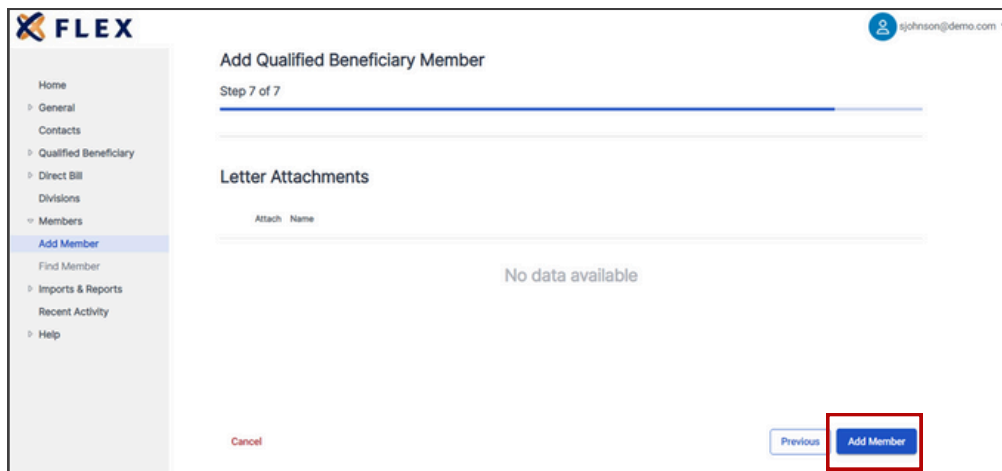
Cancel

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

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Add Qualified Beneficiary Member
 Step 7 of 7

Letter Attachments

Attach Name
No data available

Cancel

Previous **Add Member**

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.

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