



EMPLOYER COBRA SUBSIDY
RECEIPT OF
HEALTH/SUPPLEMENTAL
INVOICES AND THE FINANCE
PROCESS

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Overview

The American Rescue Plan of 2021 (ARPA) imposes new COBRA coverage requirements on employers beginning on April 1, 2021.

It requires employers to provide a 100% COBRA premium subsidy and additional COBRA enrollment rights to certain employees who lost group health plan coverage (this includes health, dental and vision coverage) due to involuntary termination or an involuntary reduction of hours. The new, temporary COBRA requirements apply from April 1, 2021, through Sept. 30, 2021 (the “Subsidy Period”). Employers will be reimbursed through fully refundable payroll tax credits.

EMPLOYERS SHOULD PAY THE HEALTH PLANS DIRECTLY FROM INVOICES THAT HAVE BEEN RECEIVED FROM THE PAYROLL AND BENEFITS SECTION. EMPLOYEES (OR FORMER EMPLOYEES) SHOULD NOT RECEIVE DIRECT PAYMENTS OR REIMBURSEMENTS FROM THE EMPLOYER. EMPLOYEES (OR FORMER EMPLOYEES) SHOULD CONTACT THE HEALTH PLANS DIRECTLY ABOUT REFUNDS.

Important Reminders:

- Payment to the health insurance provider should be done via **manual check**.
- When creating the payable, use the health **expenditure account 7248000** and attach required documentation.
- Do **NOT** reimburse the employee.
- Email Kari.gandolfo@wisconsin.gov in the SCO with completed voucher information.

Cobra Subsidy Process

Steps Performed by the Payroll and Benefit Specialist:

1. Identify eligible employees.
2. Provide the following documentation to eligible employees:
 - [COBRA Subsidy Notice ET-2314A](#)
 - [COBRA Notification ET- 2311](#)
 - [Health Insurance Application for COBRA Continuants](#)
 - [Dental Continuation Form](#)
 - [Vision Continuation Form](#)
 - [CYC Form if previously enrolled in an HDHP](#)
 - A completed [Request for Treatment as an Assistance Eligible Individual](#) form (ET-2314).
3. Acknowledge receipt of applications, determine eligibility, and submit completed forms to ETF.

Once it has been verified your AEI has met one of the above requirements, they are eligible for the COBRA Subsidy. The agency will need to review their documentation to ensure the AEI has completed their forms. The agency will complete the [Request for Treatment as an Assistance Eligible Individual Form \(ET-2314\)](#) employer section (see below). Verify Section B has been completed by the AEI. If the agency determines the former employee is not eligible for the COBRA Subsidy the agency will indicate that on the [Request for Treatment as an Assistance Eligible Individual Form \(ET-2314\)](#). The agency will make a copy of the ET-2314 and return the original to the AEI. The former employee may contact the Centers of Medicare and Medicaid Services via email at phig@cms.hhs.gov or call 410-786-1565 for support.

4. ETF will submit the applications to the various plan providers and once the enrollment is complete, an invoice will be sent to the employee.
5. The employee will then submit the invoice to the Payroll and Benefit specialist, so that it can be paid by the employer. The P & B specialist should submit a copy of the health plan invoice along with a copy of the COBRA Conversion Notice ([ET-2311](#)) and the Request for Treatment as an Assistance Eligible Individual Form ([ET-2314](#)) to their agency finance department.
Please be sure to redact any personally identifiable information BEFORE these forms are sent to finance.

Cobra Subsidy Process – Payments by the Employers

Steps Performed by Finance:

1. Receipt of the health invoice for the COBRA subsidy plan along with proof of the employee’s eligibility (ET-2311 & ET-2314).
 - **Employers who claim the credit on their Form 941, must retain in their records either a self-certification or attestation from the individual regarding the individual’s eligibility status, or other documentation to substantiate that the individual was eligible for the COBRA premium assistance.**
2. Create the payable using the health **expenditure account 7248000** and attach the health invoice, ET-2311, and the ET-2314. Here is the list of current plan providers with supplier ID’s:

Insurer	Supplier ID	Supplier Name
Dean	0000017758	Dean Health Plan Inc
GHC-SCW	0000015334	Group Health Cooperative of South Central WI
GHC-EC	0000026782	Group Health Coop Eau Claire
Medical Associates	0000017643	Medical Assoc Health Plans
MercyCare	0000020124	Mercycare Ins Co
Network	0000017071	Network Health Plan of WI Inc
Quartz	0000017156	Unity Health Plans Insurance Corporation
HealthPartners	0000030172	Healthpartners Ins Company
WEA Trust	0000017644	Wea Trust
UHC	0000124721	Sierra Health and Life Insurance Company

Supplemental plans	Supplier ID	Supplier Name
Dental Plan	0000026650	Delta Dental
Vision plan	0000026650	Delta Vision

3. Email Kari.gandolfo@wisconsin.gov in the SCO with the voucher number. This will ensure that the agency receives credit back when the quarterly Form 941 is filed. If the agency does not notify the SCO, then they will not receive the refund credit.

Resources

[IRS Notice 2021-31](#)

[Instructions for Form 941 \(Rev. June 2021\)](#)

[ETF Employer News - American Rescue Plan Act of 2021: COBRA Subsidy](#)

[Department of Labor – COBRA Premium Subsidy](#)