



# EMPLOYER COBRA SUBSIDY RECEIPT OF APPLICATIONS PROCESS AND FOLLOW-UP

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## Acknowledge receipt of applications

Former employees (AEI’s) and their qualified beneficiaries that elect COBRA and request the subsidy must submit the following completed forms to their employer within 60 days of their notification:

- [COBRA Conversion Notice \(ET-2311\)](#)
- [Request for Treatment as an Assistance Eligible Individual Form \(ET-2314\)](#)
- Any applications/conversion notices for health and/or supplemental plans

## Determining Eligibility

An AEI for the COBRA subsidy under ARP is a person who is eligible for COBRA continuation coverage due to an **involuntary termination or involuntary reduction in hours** and:

1. Is enrolled in COBRA as of April 1, 2021, or
2. Became eligible for COBRA between April 1 and September 30, 2021, or
3. Would have still been eligible for COBRA on April 1, 2021, but either did not elect coverage or dropped coverage.

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.



# Request for Treatment as an Assistance Eligible Individual

Wisconsin Department of Employee Trust Funds  
PO Box 7931  
Madison WI 53707-7931  
1-877-533-5020 (toll free)  
Fax 608-267-4549  
etf.wi.gov

To apply for ARP premium reduction, complete this form and return it to your former employer along with your completed continuation election form(s). If you are changing coverage type or plan options, you will also need to submit a completed application form. If you are electing continuation coverage for any of the optional plans, such as dental, you must complete and submit the continuation election form for that plan.

<b>Section A: Employee Information - List dependent information on back.</b>	
Name (First, Middle Initial, Last)	ETF ID or Last 4 digits of SSN
Mailing Address	Telephone, including area code

<b>Section B: Eligibility - To be eligible, you must be able to check Yes for all statements*</b>	
1. The loss of employment was involuntary.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. The loss of employment occurred at some point on or after November 1, 2019 and on or before September 30, 2021.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. I elected (or am electing) COBRA continuation coverage.*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. I am <i>not</i> eligible for other group health plan coverage (or I was not eligible for other group health plan coverage during the period for which I am claiming a reduced premium).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. I am <i>not</i> eligible for Medicare (or I was not eligible for Medicare during the period for which I am claiming a reduced premium).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

**\*If you checked No for statement 3, you may still be eligible if you qualify for an additional election period.** If your COBRA continuation coverage relates to an involuntary loss of employment from November 1, 2019 through September 1, 2021 and you were eligible for, but did not elect, COBRA continuation coverage **or** you elected but subsequently discontinued COBRA, you may have the right to an additional 60-day election period. You should receive a new election notice with an election form that you must complete and return. If you believe you should have received this additional notice but have not, contact your former employer at the phone number listed on the letter that was sent with this form.

<b>Section C: Applicant Signature</b>	
I make an election to exercise my right to the ARP premium reduction. I understand that Wis. Stat. § 943.395 provide criminal penalties for making false or fraudulent claims on this form and hereby certify to the best of my knowledge and belief, the above information is true and correct.	
Name	Relationship to employee
Signature	Date (MM/DD/YYYY)

<b>For Employer Use Only – Return copy of completed form to the applicant</b>		
Date Employment Terminated <u>enter date</u>		
Coverage(s) in effect at time of termination: <input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Vision <input type="checkbox"/> Other _____		
This application is: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved for some/denied for others (explain in #4 below)		
<b>If Denied, Reason For Denial Of Treatment As An Assistance Eligible Individual</b>		
1. Loss of employment was voluntary. <input type="checkbox"/>		
2. The involuntary loss did not occur between November 1, 2019 and September 30, 2021. <input type="checkbox"/>		
3. Individual did not elect COBRA coverage.* <input type="checkbox"/>		
4. Other (please explain) <input type="checkbox"/> _____		
<b>*If you checked number 3, was individual eligible for, and given, the additional election period described above?</b>		
Name of employer/plan admin/party responsible for COBRA plan administration	Email address	
Signature	Telephone, inc. area code	Date (MM/DD/YYYY)

- 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](mailto:phig@cms.hhs.gov) or call 410-786-1565 for support.
- Once the employer section is completed a copy of the ET-2314 should be kept at the agency to forward to ETF and the original given to the AEI.
- Review the health application for completeness and health plan election. AEI's must enroll in the same plan they previously had. There are cases in which the AEI can change health plans. See below chart.

Scenario	Change Allowed?	Details
Move from single to family plan	No	COBRA-qualified beneficiaries (QBs) must have been enrolled at time of initial COBRA eligibility.
Move from family to single plan	Yes	COBRA rules allow QBs to reduce their enrollment.
Move to a different health insurance carrier within the same plan design	No	ARP does not allow AEIs to choose plans with a higher premium; to reduce complexity and risk of higher premium plan selection, no changes will be allowed.
State Only: Move from the traditional plan (non-HDHP) to HDHP	Yes, if the AEI did not have a FSA in the current plan year (January 1st - December 31st)	ARP allows employers to allow AEIs to elect lower premium plans; AEIs should be made aware that they will be required to open a HSA with ConnectYourCare (see below).
State Only: Move from the HDHP to the traditional plan	No	ARP does not allow AEIs to choose higher premium plans than they were enrolled in when they became COBRA-eligible.
State Only: Change supplemental dental plan options	No	ARP does not allow AEIs to choose plans with a higher premium; to reduce complexity and risk of higher premium plan selection, no changes will be allowed.
Move from the Access Plan to a non-Access Plan option	Yes	ARP allows AEIs to elect lower premium plans; AEIs should note that non-Access Plan options will not have the same nationwide network as the Access Plan. This is the only scenario where an AEI could change health insurance carriers, since WEA is the only Access Plan administrator.

- All completed supplemental applications need to be reviewed, and forwarded to ETF
- Notify ETF of the employees COBRA election.

## Notifying ETF of COBRA election

Return Completed forms by email to [ETF SMBSTARInsurance@etf.wi.gov](mailto:ETF SMBSTARInsurance@etf.wi.gov), mail, fax, or secure file transmission. ETF will process the applications and transmit to the health plan and/or supplemental plan vendors. The vendors will then issue ID cards and send a billing statement directly to the subscriber.

## Employee Follow- Up Notification

30 days prior to the end of the subsidy period, for those AEI's whose coverage continues through or beyond September 30, 2021, agencies must notify AEI's the COBRA subsidy is ending using the [Notice of Premium Assistance Expiration](#) form **(please do not send the instruction page)**.

## Resources

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

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