

CEBT EMPLOYER ADMINISTRATIVE GUIDE

This document provides important information to assist with administration of the CEBT program, including determining eligibility, enrolling newly eligible employees and their dependents, as well as making changes to existing coverage. It is intended only to highlight some of the pertinent provisions of the plans and the plan documents will control in all instances



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WHAT IS CEBT?

CEBT is a non-profit, self-funded Trust that provides employee benefits to Colorado school districts, Boards of Cooperative Educational Services (BOCES), cities, counties, special districts, and other public entities. CEBT offers medical, dental, vision, and life coverage (Plan). A Board of seven (7) Trustees represent member groups governing CEBT. There are currently 300+ participating employers with more than 16,000 employees and their families covered across Colorado.

WHO IS WILLIS OF COLORADO?

Willis of Colorado (Willis) is the exclusive broker and administrator for CEBT. Located in Denver, they provide the day-to-day customer service to Plan members, as well as enrollment and billing services for each employer group. In addition to these core services they make periodic visits to participating groups to answer benefit and eligibility questions on site, and also market CEBT to prospective new employer groups. Willis can be contacted at 303-773-1373 or toll-free at 800-332-1168.

WHAT ARE THE ROLES OF UMR, Kaiser, CVS/CAREMARK, & VSP?

CEBT has contracted with these managed health care companies primarily to provide third-party claim payment services and access to provider networks. Each employer chooses the medical provider network available to employees.

UMR provides claim payment services and access to the United Healthcare and Rocky Mountain Health Plans medical provider networks for CEBT members who have medical and/or certain dental or vision plans.

Kaiser can be chosen as a fully insured medical plan/network option to provide medical claims payment and Kaiser Network access for groups within the Kaiser Service areas.

CVS Health/Caremark provides pharmacy claim payment services and access to its provider network for all CEBT members who have medical coverage, except for those with Kaiser membership.

Vision Service Plan (VSP) provides provider network and claim payment services for CEBT's Vision B & C plans.

Much of the day-to-day correspondence received, such as Explanations of Benefits (EOBs), requests for additional information (i.e. Other Insurance and/or Third Party Liability), coverage ID cards, and other communications will come directly from the claim paying TPAs (i.e. UMR, Kaiser, etc.)

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BENEFIT PLANS OFFERED BY CEBT

- EPO (Exclusive Provider Organization)
- PPO (Preferred Provider Organization)
- HD (HSA compatible High Deductible Health Plan)
- HRP (Hospital Reimbursement Plan)
- Kaiser HMO (Health Maintenance Organization)
- Kaiser DHMO (Deductible Health Maintenance Organization)
- Kaiser HDHP (High Deductible Health Plan)
- Dental (Options A, B & C)
- Vision (Options A, B & C)
- Life insurance (Basic (required) and Voluntary)

ELIGIBILITY

Each employer determines their own eligibility requirements for employees, subject to the following:

- The employee must be actively working
- Be eligible for at least 50% of the employer contribution to the Plan
AND
- Regularly work at least 20 hours per week (or be at least a .5 FTE for employers, such as schools, that operate on unique calendars).

The employee's dependents are also eligible for coverage. Dependents of the employee include: legal spouses, Civil Union partners, and dependent children (including: the employee's blood-related, step, foster, and adopted children; children placed in the employee's legal guardianship, children placed for adoption with the employee, and children of the employee's Civil Union partner).

In the event that a dependent loses eligibility due to age or divorce, coverage automatically terminates at the end of the month following the date of event, and the individual is eligible for continuation of coverage under COBRA for up to 36 months.

An employee may drop coverage for their dependent(s) at any time by completing a *CEBT Enrollment / Change From*, or by logging into the online enrollment Community Portal to make the change electronically.

Medicare eligible employees age 65+ are permitted to drop all coverage types, including medical, *only by choice of the employee*.

If the employee elects not to cover eligible dependents at the time of initial enrollment, or to drop dependents from any product at any time, the employer must advise the employee at the time of the change that if coverage is desired in the future, the dependents will only be allowed to come back onto the Plan during an open enrollment period, or through a HIPAA qualifying event.

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ELIGIBILITY WAITING PERIOD

The employer determines the period of time in which a newly eligible employee must wait before their coverage becomes effective. The eligibility waiting period, chosen by the employer upon completing the Participation Agreement, is applicable to all new employees as well as existing employees who have had a change in status (i.e. moving from part time to full time) which would make them newly eligible. There are three waiting period options to choose from, outlined below. The employee's effective date will be:

1. The first day of the month following eligibility;
2. The first day of the month following thirty (30) or sixty (60) days of employment (The employer decides the eligibility waiting period of time, not to exceed ninety (90) days from date of eligibility)

Or

3. The first day of the following month if eligible on or before the fifteenth (15th); or the first day of the second month following the date of eligibility if eligibility qualification is after the fifteenth (15th).

If there is a probationary period involved with a new hire or change of work status, please do not include this in the Date of Full-Time Eligibility given on the enrollment card.

BENEFIT PACKAGING

If an employer group requires employees to enroll into a specific medical, dental and/or vision package, it will be the responsibility of the employer to verify the elected enrollment before submission to ensure the employees are enrolling themselves and/or their covered dependent(s) into the correct package of benefits outlined by each individual employer. **Willis will process all enrollments as marked and signed or submitted online by the employee.**

CEBT REQUIRES 100% PARTICIPATION OF ALL NEWLY ELIGIBLE EMPLOYEES

Life Insurance – All employees eligible for at least 50% of the full employer contribution toward their benefit plan must enroll in Basic life coverage. If an employee is not eligible for at least 50% of the employer contribution, then the employee is not eligible for the life coverage.

Medical Coverage – All newly eligible employees that qualify for 100% of the employer contribution toward their benefit plan must enroll in a medical coverage offered by the employer.

This 100% participation requirement applies even if the employer contribution does not cover the full cost of the benefit package.

HRP – If the employer offers the HRP, employees who have other primary medical coverage are required to elect the HRP to satisfy the 100% requirement. Employees eligible for at least 50% (but less than 100%) of the employer contribution may choose to enroll in the HRP, but are not required to do so.

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In a case where the employee chooses the HRP option, the employer must advise employees that if full medical coverage is desired in the future, the employee will only be allowed to change their plan option during the employer's open enrollment period, or through a HIPAA qualifying event. Documentation will be required to show proof of qualifying event. Acceptable forms of documentation are, but not limited to: Certificate of Credible Coverage (COCC) from other carrier, open enrollment or termination letter from employer or carrier. The HRP plan is a COBRA eligible plan and continuation paperwork does need to be sent to any employee terminating under this plan option.

Employers may not pay monthly contributions to an eligible employee not participating in the Plan.

Upon an employer group's initial enrollment with CEBT, an employer is granted grandfathering rules for employees who chose to opt out. This rule allows employees who have already opted out of coverage with a previous carrier to remain with an opted out status. All new hires enrolled after the employer has become effective with CEBT will be required to follow CEBT's 100% participation requirement, stated above.

Additionally, **employees who were grandfathered at initial enrollment and make a change any time after initial enrollment forfeit their grandfathered status** and will be required to participate pursuant to the 100% requirement.

NEWLY ACQUIRED DEPENDENT(S)

Newly acquired dependent(s) through a life changing event such as: marriage, Civil Union partnership, birth, adoption (or placements for adoption) are eligible for coverage effective on the date of the event provided the employee enrolls within thirty (30) days of the event. Change of enrollment (by way of change form or online submission) and proof of dependency documents must be submitted to Willis within thirty (30) days of the event. Failure to do so makes the dependent(s) ineligible to join the Plan until open enrollment or through another HIPAA qualifying event. Acceptable forms of documentation to show proof of dependency include: birth and adoption certificates, marriage and Civil Union certificates, and common law marriage affidavits. Willis understands that these forms are not always easily obtainable. Although copies of the listed certificates are preferable, a signed and dated letter from the employee certifying that the dependents being added are legal dependents and eligible for coverage is acceptable.

An employee seeking to add a common law spouse must complete an Affidavit of Common Law Marriage, found on the CEBT website. The *notarized* Affidavit must be sent to Willis along with a completed enrollment change form, or by attaching online in the Community Portal. The addition of the spouse will be effective on the date of signature on the Affidavit. Any change in the premium deposit due for the addition of the new dependents becomes payable the first of the month following the effective date, unless the effective date is the first day of the month, in which case the additional premium deposit becomes payable on the effective date. For example, if an employee is married on July 6, the spouse is effective as of the date of marriage; however, any change in premium will not become payable until August 1. Likewise, if the date of marriage was July 1, the change in premium will be payable as of July 1.

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RETIREES

If the employer elects to offer retiree coverage (chosen within the Participation Agreement), all employees who retire and choose to maintain coverage through their former employer on a retiree basis may do so subject to the following conditions, in addition to any other requirements the employer pay impose:

- The retiree must be at least fifty (50) years of age.
AND
- The retiree must have a minimum of ten (10) years of continuous coverage accumulated with any CEBT group
Or
- The retiree must have been employed by the participating CEBT group continuously for a minimum of fifteen (15) years

In all cases, in order to be eligible, the retiree must be covered by CEBT through the date of retirement, and can continue only up to age sixty-five (65). A retiree will be subject to their employer's retiree benefit should a more restrictive policy apply. When an employee retires, he/she will have employee coverage through the end of the month in which he/she retires. The former employee's Retiree status will be effective on the first of the month following date of retirement.

Retirees cannot continue life coverage under the CEBT policy, but may be eligible for portability or conversion to an individual life policy within thirty-one (31) days of the loss of coverage.

CEBT ENROLLMENT METHODS

In 2017 CEBT implemented an online enrollment system called CEBT Community. This system allows employees as well as employers to process enrollment transactions electronically. It is up to the employer if they would like to use the online system or continue the use of paper enrollment forms. Willis highly encourages the use of the online system as CEBT will soon phase out paper and make the online process mandatory for all employer groups.

Enrollment must be completed and submitted to Willis every time an employee enrolls, makes a change to coverage and/or dependents, or makes any other change that affects their coverage or demographic information.

It is important that the employee complete **ALL** applicable sections. Special attention should be paid to the accuracy and legibility (if using paper forms) of the employee's social security number, complete address (street, city, state and zip code), date of birth, beneficiary, dependent information and coverage, and type of coverage being elected.

If an employee has or adopts a child, the child will be automatically covered during the first 31 days following birth or placement for adoption, in the absence of any other coverage. To remain covered, newborns and children placed for adoption must be enrolled within 31 days of birth or placement for adoption. For newborns, this is often prior to the issuance of a birth certificate and social security number. If this is the case the newborn may be enrolled, but the employee is responsible for providing the birth certificate and/or social security number once they are issued.

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CEBT COMMUNITY / ONLINE ENROLLMENT

Employers have the option to enter and submit enrollment electronically. The information entered into the Community is received by Willis on a real time basis and is a more secure way of submitting employee's information. Employee demographics and plan information are available to each employer at the specific employer level in the Community. Each employer will only have access to their employees. If an employer chooses to use the electronic enrollment method Willis will assist to set up and initiate the activation.

Training tutorials and instructional flyers for both employers and employees are available on the CEBT website under the Community Tab. Watching the training videos is highly recommended as they take one through the basics of navigation as well as how to process different types of transactions such as: New Hires, Open Enrollment, Life Event Changes etc.

CEBT PAPER ENROLLMENT / CHANGE FORMS

The below directions should be followed when filling out paper forms in order for enrollment to be processed accurately. If printing and using the downloadable form from www.cebt.org, please be sure to include the employer branch number. *This branch number is how Willis identifies which employer group in which the employee is or should be enrolled under.* Willis no longer requires the original form to be mailed; those should be kept by the employer for their records. For the security of each employee's Protected Health Information (PHI) all paper forms should be submitted through the CEBT Community by opening an Enrollment Case and attaching the enrollment documents to the Case.

All enrollment forms and/or change forms received by Willis will be processed as soon as possible after receipt (standard processing time is 3-5 business days). Inadequate or incorrect information on the enrollment form can cause delays in enrollment, as well as possible delays in claims processing. The best practice is for employers to check for errors on the forms prior to sending for processing.

The employer should mark the corresponding box at the top of the form to indicate whether the form is for a New Enrollee or Change of Enrollment, as well as complete the shaded area at the top of the form (Name of Employer, Date of Full-Time Eligibility, Salary, Effective Date of Coverage, and Branch #). The effective date should be the date the employee and/or their dependent(s) are to be (or no longer to be) covered.

New Enrollments: Mark the New Enrollee box, employer completes the shaded areas, and employee is to complete all sections, 1 through 12.

Adding Dependents: Mark the Change of Enrollment box, employer completes the shaded areas, and employee is to complete sections 1 through 12. **Please remember social security numbers are required for all dependents.**

Dropping Dependents: Mark the Change of Enrollment box, employer completes the shaded areas, and employee is to complete sections 1 through 4, and 8 through 12. **Dependents' coverage is terminated by omission from section 9, please only list the dependents who are to remain covered.** If the spouse and/or all children are to be terminated, leave section 9 blank and indicate Employee Only coverage in section 8. If the employee's spouse is being dropped due to divorce, the date of the divorce must be indicated in section 10.

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Name Change: Mark the Change of Enrollment box, employer complete the shaded areas, and employee is to complete sections 1 through 7 and 10 through 12. For reference, please have employee write previous name under the signature line.

Address Change: If address changes are reported using the *CEBT Enrollment / Change Form* mark the Change of Enrollment box, employer completes the shaded areas, and employee is to complete sections 1 through 12. Address changes may also be submitted in other written forms including email or fax.

Beneficiary Change: Mark the Change of Enrollment box, employer completes the shaded areas, and employee is to complete sections 1 through 12.

A life insurance beneficiary must be designated on the CEBT enrollment form. An employee may name more than one beneficiary if he/she chooses. Beneficiary changes may be made at any time and are effective as of the date signed in section 12. In all cases, payment of all life benefits will be handled according to the terms of the life certificate.

OPEN ENROLLMENT

CEBT offers two open enrollment periods, January or July. This is chosen by the employer through the Participation Agreement, which aligns with the rate renewal period. Each open enrollment period is generally offered sometime between April and mid-May for groups with a July Renewal period, or between September and mid-November for groups with a January renewal. The actual dates and duration are at the discretion of each employer.

Enrollment elections are due to Willis toward the end of May, or November. All changes are effective as of July 1, or January 1. Information for each open enrollment, including the specific due dates, will be provided in advance each year.

Although there are two renewal periods offered, CEBT has a “Plan Year” which begins July 1, regardless of which renewal date is chosen by the employer. This means that most Federal or State mandated Plan changes will go into effect on July 1, pursuant to CEBT’s Plan Year. However, benefits such as deductible and out-of-pocket will run on a calendar year basis.

IDENTIFICATION CARDS

Medical and prescription identification cards are mailed directly to the covered employee. The medical ID card is also used for Dental, and Vision Plan A coverage. For individuals covered under any medical plan other than Kaiser, a separate ID card for prescription coverage through CVS Caremark will be mailed.

Vision Service Plan (VSP) does not issue ID cards for the vision plans B and C; the employee’s social security number should be provided to the VSP provider to access their vision benefits. An employee in need of new or additional cards should call Willis customer service for assistance.

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HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY (HIPAA) –QUALIFYING EVENTS

If an eligible employee or dependent previously declined coverage under CEBT and then *involuntarily* loses his or her other coverage, he or she may be enrolled under the employee's CEBT coverage. The employee and/or dependent(s) must provide proof to Willis within thirty (30) days of the loss of the other coverage that the prior coverage was lost involuntarily. Satisfactory proof of loss of prior coverage is a letter from the dependent's employer (on company letterhead) indicating the type of group coverage that the employee was enrolled, who was covered and the reason for termination of the coverage. For this purpose, a loss of coverage due to voluntarily leaving employment is qualified as an involuntary loss of coverage.

HIPAA SPECIAL ENROLLMENT RIGHTS

If there is involuntary loss of coverage that permits a special enrollment the employee will be able to select from all benefit options for which they are eligible.

IMPORTANT: Anyone enrolled under COBRA from a previous carrier will need to exhaust their COBRA period in order to have a special enrollment event. Proof of the loss of COBRA coverage will be required if a special enrollment period occurs outside open enrollment.

LOSS OF COVERAGE

If an employee declines coverage under this plan or chooses the HRP in favor of other group or individual health coverage, or COBRA continuation, and coverage under that other plan ends:

1. Due to exhaustion of the maximum COBRA period;
2. Due to loss of eligibility, for any reason; or
3. Employer contributions cease toward the cost of the other coverage;

Then a special enrollment event has occurred. At that time, an employee or dependent may be enrolled in this plan as follows:

1. When the employee has a loss of coverage, the employee and any dependent may enroll. The dependent does not have to have had a loss of coverage at that time to be enrolled;
2. When a dependent has a loss of coverage, that dependent, the employee and any other eligible dependent may enroll. The employee and other dependents do not have to have had a loss of coverage at that time to enroll.

MEDICAID/STATE CHILD HEALTH INSURANCE PLAN

If an employee or their dependents were covered under a Medicaid plan or State Child Health Insurance Plan (CHIP) and coverage is now being terminated due to a loss of eligibility, a special enrollment event will occur on the date Medicaid or CHIP coverage ends.

The employee must request coverage under the Plan within 60 days after the date of termination of such coverage. Coverage will be effective on the date the other coverage ends. If an application is received more than 60 days after the date the Medicaid or CHIP coverage ends, enrollment would be considered as late and could be declined until the next open enrollment period.

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VISION AND DENTAL PLANS

Groups offering a vision and/or dental plan must maintain enrollment of at least 25% of all eligible employees in the program. An employee may only add or drop coverage at open enrollment, or if there is a qualifying event in which they lose or gain other coverage. Dependents may drop at any time without a qualifying event in place. However, any individual (employee or dependents), dropped from coverage must wait two open enrollment periods from the date coverage was dropped before re-enrollment, unless there is a qualifying event which would allow them reenrollment prior to the second open enrollment. Valid documentation is required to show proof of a qualifying event. Please note: any change to vision and/or dental must fall within the packaging guidelines of their employer, if applicable.

Packaging rules and requirements should be monitored and managed by the employer.

PREMIUM BILLING / INVOICING

To ensure accurate reconciliation and record keeping, there is certain information, including a copy of the invoice, which Willis must receive from the employer with the monthly premium payment.

It is ultimately each employer's responsibility to carefully scrutinize all invoices in order to confirm accuracy. Please report any changes or discrepancies to Willis promptly for review and adjustments as appropriate.

The employer will receive notification that the monthly invoice is ready for viewing on the CEBT Community Portal, by way of email. Please notify your Willis representative of any and all current email addresses in which the email should be sent.

Due to system limitations as well as managing accurate historical information, monthly invoices are unable to be adjusted and re-run for a particular month. In the event of adjustments or inaccuracies, changes will be reflected on the following month's invoice.

Please indicate all changes (i.e. additions, terminations, changes in premium, etc.) directly on the invoice. Doing so and returning a copy of the invoice with the premium deposit is the primary means of ensuring an accurate reconciliation. Willis will reconcile the records according to the information and data received. Sending payment as billed allows for the most efficient reconciliation of the monthly invoice, although adjustment of the amounts due is acceptable with appropriate notations as to the reason. The next monthly invoice will reflect all changes received prior to the invoice date. Any changes after the invoice date will be reflected on the next month's invoice.

Premium deposits can be made via check, ACH, or wire transfer. Checks should be made payable to CEBT. Checks and remittance information should be mailed to the CEBT Lock Box (See page 14 for this information). If you prefer to pay via ACH or wire transfer, please contact your Willis billing representative.

Premium deposit payments are due on the tenth (10th) of each month for that month. A payment is considered late after the fifteenth (15th) of the month. Late payments are eligible for assessment of a 1.5% penalty against the total month's premium, in accordance with the CEBT Participation Agreement.

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TERMINATIONS

When an employee terminates employment, notification of the termination date must be communicated as soon as possible in writing [preferably by email] in order to ensure accuracy of the invoice and to properly process any pending claims. If using the CEBT Community Portal, terminations can be processed by entering the last day of employment in the Personal Information section of the employee's page.

Please note that the Plan reserves the right to approve any retroactive changes in coverage. Any retroactive change must be reviewed and approval will be **contingent on the status of any paid claims**. All employees terminating employment for reasons other than gross misconduct are eligible for continuation under COBRA (see COBRA section below). The HRP plan is a COBRA eligible plan and continuation paperwork should be provided to individuals who are enrolled in this plan.

SURVIVORSHIP CONTINUATION BENEFIT

If there is dependent coverage in force on the date an employee dies, the coverage in force on the day immediately preceding the employee's death will continue for the surviving dependents. Survivorship Continuation will end on the earliest of the following:

1. The date in which surviving dependents become covered under any other group plan;
2. The end of two consecutive years following the employee's death.

This continuation will run concurrently with any continuation of coverage required by COBRA. Any required premium contributions will be waived for the surviving dependents during this period.

LEAVE OF ABSENCE (LOA)/SABBATICAL

It is the employer's responsibility to manage and maintain all LOA records and to notify Willis of the employees' coverage eligibility.

If the employee is on an approved sabbatical leave or is on a work related disability, the Plan contribution must be paid as part of the employer's monthly invoice; how the contribution is split between the employee and employer is at the employer's discretion. During an approved sabbatical, the CEBT coverage can be continued for up to two years. During an approved leave of absence or temporary layoff, the coverage can continue for up to one year. Employees not returning to work at the end of the specified leave time are eligible for continuation under COBRA.

EVIDENCE OF GROUP HEALTH COVERAGE

It is the employer's responsibility to issue a "Evidence of Group Health Coverage" Form to employees and/or dependents terminating from CEBT health coverage (regular or under COBRA) at such employee's/dependents' request. This Form is available at www.CEBT.org under "Forms" and may be required in the event that an employee and/or dependent needs to provide proof of a HIPAA qualifying event to another carrier. Please ask your Willis representative if you have any questions when completing this Form.

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CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1986 (COBRA)

COBRA provides for continuation of group health coverage for employees and/or covered dependent(s) that lose their health coverage under the group plan. For more detailed information governing COBRA participation refer to the Summary Plan Description.

The employer is responsible for all COBRA administration including all required notifications and collecting the premium from the COBRA enrollees. CEBT does not accept personal checks from its members. COBRA charges will appear in a separate section of the monthly invoice for tracking purposes and the total is included with the amount due from the employer.

The employer must provide each employee and spouse who becomes covered under the Plan a general notice describing COBRA rights. The general notice is included in the enrollment packet and must be provided within the first 90 days of coverage. It is the employer's responsibility to provide a copy of the "Notice of Right to Continue" and a "Right to Continue Group Health Coverage Return Notice" to all individuals who lose their CEBT coverage, including dependents who are no longer eligible for coverage for any reason. It is recommended that this notice be sent certified mail or, if the notice is handed to the employee, have the employee sign a receipt indicating they received the notice. In any event, the employer must retain proof that the notices were given. If possible, all terminated employees should complete the "Right to Continue Group Health Coverage Return Notice". This is also used as the COBRA enrollment form for those wishing to continue coverage and is the only form that will be accepted. The employer should provide the notice within fourteen (14) days following the date of the qualifying event. It must be returned by the employee within sixty (60) days of notification; if it is not returned, the right to continue coverage is lost. Employers cannot require payment with the election form; however, the initial premium payment must be made within 45 days of the date COBRA is elected. CEBT determines the due date for all future premium payments, generally the first of the month, and it must give a 30-day grace period for *each* monthly payment. If payment is not received by the first of the month, CEBT will notify the employer and the COBRA beneficiary's coverage will be terminated until payment is made, provided such payment is made within the 30-day grace period. This "Return Notice" should be sent to Willis as soon as possible to ensure timely enrollment and a copy of the notice should be retained by the employer for his/her records.

The new guidelines for handling terminations are of particular importance for your COBRA administration. While your employer responsibilities for COBRA notifications remain unchanged under health care reform, the revised processes for terminations apply. Employers have the right to terminate coverage during election and grace periods as long as it is reinstated with no break when an affirmative election is made or a payment is received. Please notify Willis of all terminations or missed payments immediately to help avoid having to pay for coverage longer than necessary.

If an individual is enrolled in Medicare at the time he or she loses coverage, they are eligible to enroll under COBRA; however, if an individual is enrolled under COBRA and subsequently enrolls in Medicare, the coverage under COBRA must be terminated. As a courtesy, Willis will generally notify the employer when the COBRA continuation period is exhausted. Please forward this information to the enrollee as it is received.

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LIFE INSURANCE

The life insurance certificate (which can be found at CEBT.org) includes complete details of the life coverage including portability or conversion options, waiver of premium, the accelerated death benefit, and qualifying disabilities.

PORTABILITY OR CONVERSION OF LIFE INSURANCE

Terminating employees cannot continue life coverage under the CEBT policy, but may be eligible for portability or conversion to an individual life policy within thirty-one (31) days of the loss of coverage.

WAIVER OF LIFE PREMIUM

Employees determined to be totally disabled may be eligible to continue the life insurance with no further payment of premium. Contact Willis for more information when you feel you have a qualifying employee.

ACCELERATED DEATH BENEFIT

Employees with imminent terminal illness can apply for an accelerated benefit from their life insurance. Contact Willis for more information if you feel you have a qualifying employee.

DEATH CLAIM

Willis is here to help if you need to file a life or dismemberment claim. When a death occurs, a “Life Insurance/Accidental Death & Dismemberment Claim Form” must be filed. The following must be completed and submitted to Willis for submission to the life insurance carrier:

- Life Insurance / Accidental Death & Dismemberment Claim Form
- Proof of Death – Certified Copy of Death Certificate with raised seal
- If accidental death, any newspaper clippings or police reports that are applicable

ANNUAL EMPLOYER PPACA REPORTING

Beginning January 2016 for tax year 2015, employers are required to report certain information pertaining to all covered employees and their covered dependents to the IRS and to their employees. CEBT will assist employers with the information needed for these filings.

BENEFIT BOOKLETS & CLAIM FORMS

CEBT benefit booklets and claim forms are available on the CEBT website:

www.CEBT.org.

This document provides important information to assist with administration of the CEBT program, including: determining eligibility, enrolling newly eligible employees and their dependents, as well as making changes to existing coverage. It is intended only to highlight some of the pertinent provisions of the plans and the plan documents will control in all instances.

HOW TO CONTACT WILLIS

Willis is always here to assist. Please call us any time for the answers to any questions you may have regarding billing, enrollment, or benefits.

The Willis Customer Service unit will be able to help employees, employers and providers with questions related to claims, benefits, or eligibility verification. The Willis Membership Premium and Accounting unit will help Employers/HR/Payroll Administrators with questions related to monthly premium billing or eligibility verification.

Phone: 1-800-332-1168 or 303-773-1373
FAX: 303-773-1685

Mailing address:

CEBT
c/o Willis of Colorado
2000 S. Colorado Blvd., Tower II, Suite 900
Denver, CO 80222

Premium Deposit address:

CEBT
PO BOX 912631
DENVER, CO 80291-2631

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