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 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. 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 United Health Care (UHC) or Rocky Mountain Health Plans (RMHP) for the medical provider network that they would like 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 alongside UMR [UHC or RMHP] 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 excluding 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 (EOB's), 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 TPA's (i.e. UMR, Kaiser Etc.)

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).

Legal spouses (which includes Civil Union Partners as of 7/1/2013) and, dependent children (including: step, foster, adopted, and children of a Civil Union Partnership) up to age 26 are also eligible for coverage. Providing proof of eligible dependency is required to enroll dependents; acceptable documentation is listed in the Newly Acquired Dependents section.

If the employee elects not to cover eligible dependents at the time of initial enrollment, the employer must advise the employee at the time of declination that if coverage is desired in the future, the dependents will not be allowed to come onto the plan until open enrollment or through a HIPAA-qualified event.

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 on their dependent(s) at any time by completing a *CEBT Enrollment / Change From* however, if the Vision and/or Dental Plans are dropped outside of the open enrollment period, the employee must provide proof of a qualifying event to be eligible to drop coverage (Please see section below titled "Vision and Dental Plans" for plan rules and requirements).

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

If the employee elects to drop dependents from any product, 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-qualified event.

WAITING PERIOD

The employer determines the period of time in which a newly eligible employee must wait before their coverage becomes effective. The 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 is 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 the date of eligibility;

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

   Or

3. The first day of the following month if hired on or before the fifteenth (15th); the first day of the month following thirty (30) days if hired after the fifteenth (15th).

   If there is a probationary period involved, please do not include this in the Date of Full-Time Eligibility given on the enrollment card.

BENEFIT PACKAGING

Effective July 2015 Willis will no longer manage packaging requirements set by the employer. If a 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 enrollment form before submission to ensure the employee is enrolling themselves or their covered dependents into the correct package of benefits outlined by each individual employer. **Willis will process all enrollment forms as marked and signed 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, Dental, Vision – 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 participation requirement applies even if 100% of the employer contribution does not cover the full cost of the benefit package.

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

In these cases, the employer must advise employees that if coverage is desired in the future, the employee will only be allowed to enroll during the employer's open enrollment period, or through a HIPAA qualified event. Documentation will be required to show proof of qualifying

event. Acceptable forms of documentation are, but are not limited to: Certificate Of Credible Coverage (COCC) from other carrier, open enrollment or termination letter from employer or carrier.

Payment of monthly contributions by the employer to the eligible employee not participating in the plan is not allowed.

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 maintain the 100% requirement.

NEWLY ACQUIRED DEPENDENT(S)

Newly acquired dependent(s) through a life changing event such as: birth, marriage, adoption, or Civil Union Partnership become effective on the date of eligibility (date of event). A change of enrollment form and proof of dependency documents must be submitted to Willis within thirty (30) days from the date of event. Failure to do so makes the dependent(s) ineligible to join the plan until open enrollment or through another HIPAA-qualified event. Acceptable forms of documentation to show proof of dependency are: birth, adoption, marriage, common law, Civil Union Certificates. Willis understands that these forms are not always easily obtainable. Although copies of the listed certificates are preferable, a signed, dated, and notarized affidavit from the employee verifying 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 a "Certification of Spouse" form, found on the CEBT website. The form must be sent to Willis along with a completed enrollment change form. The addition of the spouse will be effective on the date of signature on the "Certificate of Spouse" form. 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.

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:

- 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. 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.

When an employee retires, they will have coverage through the end of the month in which they retire. The former employee's Retiree status will be effective on the first of the month following date of retirement.

CEBT ENROLLMENT / CHANGE FORM

A *CEBT Enrollment / Change Form* 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 record (name, beneficiary, etc.).This form verifies the coverage elections made by the employee. Change forms should be submitted to Willis from the employer and are generally not accepted directly from an employee. **The only changes that do not require submission of a *CEBT Enrollment / Change Form* are changes of address and terminations; however, these must still be submitted to Willis in writing via email or other written document.**

The employer should notify the employee that all claims are processed in accordance with the information provided on the *CEBT Enrollment / Change Form*. It is important that the employee complete ***ALL*** applicable sections. Special attention should be paid to the accuracy and legibility of the employee's social security number, complete address (street, city, state and zip code), date of birth, beneficiary, dependent coverage, and type of coverage being elected. All dependent information (including social security numbers) on the center portion of the enrollment form must be included if enrolling dependents.

Newborns must be enrolled within 31 days of birth, which 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 submitting the birth certificate and social security number as a change once it is issued.

If using the two-part enrollment form, the white copy should be forwarded to Willis and the yellow copy should be retained for your records. If using a form from www.cebt.org, please be sure to *include the employer branch number. The group number is how Willis identifies which employer group the employee is or should be enrolled under.* Scanned copies are acceptable; Willis no longer requires the original copies to be mailed if the enrollment/change forms are being emailed to an account representative. Originals should be kept by the employer for their records.

All enrollment forms and/or change forms received by Willis will be processed as soon as possible after they are received (standard processing time is 3-5 business days). Inadequate or misinformation on the enrollment form can cause delays in enrollment, as well as possible delays in claims processing. Best practice would be 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.

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.

Kaiser Enrollment: An employee choosing to enroll in a Kaiser medical plan must also complete a separate Kaiser specific enrollment card in addition to the CEBT Enrollment / Change Form which designates all other coverage elections such as dental and/or vision, as well as the required Basic Life or Supplemental Life coverages.

On page one the employee will fill out: Last Name, First Name, Social Security Number, Type of Enrollment and Plan. The employee will mark one of the following plans according to the product choice selected by the employer: HMO, Deductible/Coinsurance HMO or HSA-Qualified Deductible HMO. The employer will fill out: Company Name, Date of Hire, and Effective Date of Coverage.

The employee will only fill out the second section of the first page if making one of the changes designated in that section.

On page 2, the employee will fill out section A: Last Name, First Name, Social Security Number, Date of Birth, and Gender. If there is a Primary Care Physician (PCP) chosen, the employee may fill out this information. It is not required to have a PCP designated upon enrollment. The welcome kit sent after enrollment is entered will instruct the employee on how to choose a PCP.

Section B, page 2, the employee will fill out dependent information for those individuals they desire to cover under the Kaiser medical plan.

Page 3, the employee will fill out and sign all sections: Last Name, Social Security, Dependents over age, section C for signature, and section D regarding any additional coverage that may be in place.

A life insurance beneficiary must be designated on the CEBT enrollment form. Willis will generally not process enrollment unless one is designated, however, a member may name more than one beneficiary if they choose. 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 mid-April and mid-May for groups with a July Renewal period, or between mid-September and mid-November for groups with a January renewal. The actual dates and duration are at the discretion of each employer.

Change forms 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, CEBT, as a whole, has a “Plan year” which begins July 1, regardless of which renewal date is chosen by the employer. What this means is that any Federal or State mandated plan changes will go into effect on CEBT’s Plan year effective date of July 1.

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.

SWITCHING MEDICAL PLANS

If the employer offers more than one CEBT medical plan, employees are allowed to switch from one plan to another *only during the open enrollment period*. An employee however, may move to or from the HRP plan outside of an open enrollment period if there is proof of a HIPAA qualifying event in which the employee is gaining or losing coverage.

COBRA participants are subject to the same rules

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

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

As noted in the Terminations section above, retroactive rescissions of coverage are not permitted; therefore, terminations of coverage are permitted for the current billing period only. **It is ultimately each employer's responsibility to carefully scrutinize all billings in order to confirm accuracy.** Please report any changes or discrepancies to Willis promptly for review and adjustments as appropriate.

The employer will receive a monthly invoice, usually by way of email. Effective July 1, 2015 Willis will no longer send invoices through USPS, regular mail. Please notify your
Willis representative of any and all current email addresses in which the invoiced is to 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 months invoice.

Please indicate all changes (i.e. additions, terminations, changes in premium, etc.) directly on the billing. Doing so and returning a copy of the billing 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 billing, although adjustment of the amounts due is acceptable with appropriate notations as to the reason. The next monthly invoice billing will reflect all changes received prior to the billing date. Any changes after the billing date will be reflected on the next month's billing.

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. 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.

TERMINATIONS

When an employee terminates employment, notification of the termination date must be communicated in writing to Willis in order to ensure accuracy of the billing and to properly process any pending claims. To indicate termination of an employee, mark through their name and premium amount on the current month's billing or otherwise notify Willis in writing as soon as you are aware of the need to terminate. Please note that a provision of PPACA prohibits rescinding coverage retroactively unless there is fraud or misrepresentation. What this means at an administration level, is that if a month's premium has been collected we will be unable to terminate coverage farther back than 30 days, **contingent on status of paid claims**. All employees terminating for reasons other than gross misconduct are eligible for continuation under COBRA (see COBRA section below).

SURVIVORSHIP CONTINUATION

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 your death.

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

LEAVE OF ABSENCE/SABBATICAL

As of July 2015 Willis will no longer track or remit the LOA report with the monthly invoice. It will be 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 employee and employer is at the employer's discretion. The CEBT coverage can be continued for up to two years. If an employee is on 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.

HEALTH INSURANCE PORTABILITY AND ACCOUNTIBILITY ACT (HIPAA)

On July 1, 1997, HIPAA became effective; therefore, if an eligible dependent involuntarily loses coverage, he or she may be enrolled under the employee's CEBT coverage. The dependent must provide proof that the prior coverage was lost involuntarily and it must be provided to Willis within the thirty (30) day period from the date coverage was lost. Satisfactory proof of prior coverage is a letter from the dependent's employer (on company letterhead) stating the type of group coverage, 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.

IMPORTANT: Anyone enrolled under COBRA from a previous carrier will not be eligible as a dependent until said COBRA time has been exhausted.

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CERTIFICATE OF COVERAGE

It is the employer's responsibility to issue a "Certificate of Group Health Insurance Coverage" to employees and/or dependents terminating from CEBT health coverage (regular or under COBRA). This form is available at www.CEBT.org under "Commonly Used Forms" and May be required in the event that an employee and/or dependent would need to provide proof of a HIPAA qualified event to another carrier. Please ask your Willis representative if you have any questions when completing this form.

COBRA

In April 1986, Congress passed an act commonly known as COBRA, which allows continuation of group 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 billing 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. The employer determines the due date for all future payments and it must give a 30-day grace period for *each* monthly payment. There can be no lapse in coverage. 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 their 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.

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 our office for more information when you feel you have a qualifying employee.

ACCELERATED DEATH BENEFIT

Employees with eminent terminal illness can apply for an accelerated benefit from their life insurance. Contact our office 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.

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.

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

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