



COBRA and Cal-COBRA: An Overview

Continuation coverage is important to employees, places legal obligations on employers, and is an essential component of both fully insured and self-funded health plans. Therefore, producers, administrators and employers need to understand how the coverage works and how it is administered. This program will help attendees identify which employers are subject to COBRA or CalCOBRA, and when employees are eligible for these benefits. Key administrative tasks will be explained, such as essential notice requirements, setting premiums, and the bases for early termination of coverage. Key differences, as well as the interrelationship, between COBRA and Cal-COBRA will also be highlighted.

Presented by



Marilyn Monahan

Attorney,
Monahan Law Office



Dorothy Cociu

President,
Advanced Benefit Consulting

Zoom Webinar | Thursday, January 18, 2024

10 AM - 11:30 AM PACIFIC TIME



The use of this official seal confirms that this Activity has met HR Certification Institute's® (HRCI®) criteria for recertification credit pre-approval.

\$20 Webinar Registration Fee; Complimentary for Clients and Guests with Discount Code

Register at: www.advancedbenefitconsulting.com/events/COBRAJan182024

This class is good for one hour of agent DOI CE Credit and 1.5 hours of HRCI General Credit.

Questions? Call (714) 693-9754 x 2 or toll free (866) 658-3835.

PAYMENT OPTIONS

Check enclosed. **Make Check Payable to: Advanced Benefit Consulting** and Mail to: Seminar Reservations, Advanced Benefit Consulting, 5130 E La Palma Ave, Suite 211, Anaheim, CA 92807.

Bill my credit card. FAX this form to (714) 693-9768 or mail to address above.

Credit/Debit Card No. _____

Exp. Date: _____ Security Code: _____

PAYMENT ENCLOSED: _____ **SIGNATURE:** _____

YES! I want to attend:

Please register me for Zoom attendance \$20 each.

I am an ABC Group Benefits Client with complimentary registration (subject to verification)

I am an ABC Broker Co-Op Member (no charge for Zoom, subject to verification)

Register me with this Discount Code: _____

Name: _____

Title: _____

Company Name: _____

Phone: () _____ **FAX:** () _____

Address: _____

City, State, Zip Code: _____

Additional Attendees from same firm:

Email Addresses for All Registrants: _____

