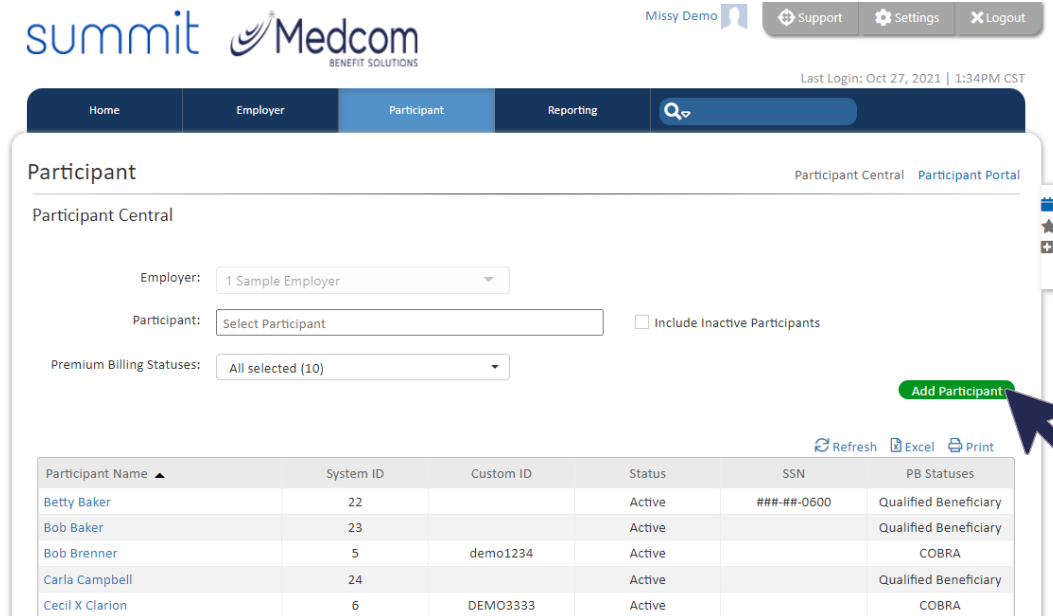# How to Process A Qualifying Event in Summit

Summit Training Videos.
https://youtube.com/playlist?list=PLFQmbiiL1IP00_Gx3jRQ9FDf9d55bB34e

1. Go to the Participant tab, Participant Central and click Add Participant

2. Use the wizard when prompted

Contact Us:
(800) 523-7542
Sales@medcombenefits.com
www.medcombenefits.com

3. Add the employee demographics including SSN and DOB to notify the carrier. Add any dependent demographics if there are dependents covered on the group health plans. You have the option to add plans here or in the next step. Make sure to Save before existing.

Required Fields
Custom ID - SSN no dashes
DOB

Participant Setup

Employer: 1 Sample Employer

Cancel | Save and Exit | Save and Add

Step 1. Demographics

First: * [ ]   Middle: [ ]

Last: * [ ]   Custom ID: [ ]

Status: Active   Employment Status: Employed - Full Time

Email: [ ]   Send Email

Work Phone: [ ]   Phone: [ ]

Mobile Phone: [ ]   Division: --Select One--

Location: --Select One--   Union: --Select One--

SSN: [ ]

PBM ID: [ ]   Health Plan ID: [ ]

Vision ID: [ ]

Dental ID: [ ]   License: [ ]

▽ Mailing Address

Contact Us:
(800) 523-7542
Sales@medcombenefits.com
www.medcombenefits.com

4. If you do not add plans to step 3, please add plans under the plan tab. If plans are listed select ALL and use edit selected plans

If you are processing an event for the first time in Summit, we encourage you to watch a quick video on how to properly process events. If you do not process an event correctly, there is a good chance that paperwork will NOT be sent.

The training videos will show you how to process events correctly and explain the required fields. In addition to the standard required fields, we need SSN, DOB and Custom ID fields to be completed on each individual in the system. The Custom ID is the SSN with no dashes.

If this is not provided, the participant cannot log in online and we cannot properly update with the carriers. This will delay services for the participant if information is not provided.

We are not checking for incomplete requests or improperly completed requests

Contact Us:
(800) 523-7542
Sales@medcombenefits.com
www.medcombenefits.com

5. Update the REASON, EVENT DATE and ACTION then select save

Coverage Detail   ✕

▾ Plan Name

Plan Name:	COBRA Vision Plan	Status:	Active
Description:	COBRA Vision Plan	Plan Type:	Vision
Effective Date:	1/1/2019		

▾ Plan Year Detail

Start Date:	1/1/2021	Plan End Date:	12/31/2021

▾ Participant Coverage Detail

Status:	Qualified Beneficiary	Action: *	Qualifying Event ▾
Reason: *	Employment Change - Termination ▾	ctive Date: *	11/01/2021
Event Date: *	10/27/2021	Event Notification Date: *	10/27/2021
Start Date: *	11/01/2021	Expiration Date: *	04/30/2023
Months: *	18		

☐ Deny

☐ Assistance Eligible Individual

+ Assign Subsidy

Contact Us:
(800) 523-7542
Sales@medcombenefits.com
www.medcombenefits.com

6. Go to Events tab and expand benefit to see that COBRA election notice is listed

Contact Us:
(800) 523-7542
Sales@medcombenefits.com
www.medcombenefits.com