

# **COBRA IMPLEMENTATION KIT – CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT ADMINISTRATION**

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## COBRA CLIENT CHECKLIST

- Data Sheet** – Fill out with the Administrative contacts and information for your company.
- Authorized Representative(s) Form** – The purpose of this form is to list up to three authorized representatives from the company that may send a request to change/add contact(s) and assign user's access to the online system [www.mycobrasource.com](http://www.mycobrasource.com). The authorized representative of the company must sign this form along with the "Contact Update and mycobrasource.com Access Form."
- Website Access Request Form** – This document gives authorization to our office to setup user's access to the online system ([mycobrasource.com](http://mycobrasource.com)). An authorized representative of the company (from the Authorized Representative Form) must sign this form.
- Authorization Agreement for Pre-Authorized Credits/Debits** – Please fill in your bank information completely and advise if the bank account is under a different company name than indicated on the forms. Please provide a copy of a voided check or a bank spec sheet (completed by an authorized bank representative). If you choose not to elect the electronic funds transfer option, there will be a \$10.00 per check charge for remittance of the premiums from qualified beneficiaries (QBs).
- ACH Third Party Agreement** – Please have any branches or affiliated companies complete this form if they would like their premium payments Asure Software collects deposited into an account other than their own.
- New Client Carrier Rate Information Form** – List your current group health plan rates for all benefits subject to COBRA without the 2% IRS admin fee.
- Carrier Contact Information Form** – List the contact information for each insurance carrier you wish for Asure Software to work directly with. You must obtain the correct contact information from your carrier prior to forwarding our office the information. Please be sure to notify your carrier(s) that Asure Software is your COBRA TPA.
- COBRA Enrollee Takeover** – Please complete this form for anyone currently enrolled on COBRA. All areas must be completed with the participant's current paid through date must be on or after contract start date. If you wish to provide our office with a spreadsheet, please contact your Implementation Team Representative.
- Census** – The DOL requires Initial Notices to be provided to employees and their spouses. If you would like Asure Software to send retroactive DOL Initial Notices, please contact your Implementation Team Representative for the required excel template to be used to expedite the process. The census list will be imported and the DOL Initial Notice will be mailed out to your employees 5-7 business days after the later of the following: contract date or date of receipt. Please refer to your proposal for additional fees that may apply.
- Please enclose the proper payment** – Include set-up charge and administration fees. Please refer to your proposal or contract for fee information apply.

# WELCOME TO ASURE SOFTWARE

## A Leader in COBRA Administration

Thank you for choosing Asure Software. As a valued client, we want to ensure that you are educated about our products and services. This kit will help guide you through our implementation process, including identifying the information needed to begin your COBRA Administration with Asure Software.

### Introduction

The Asure Software Client Services team will work together to insure a seamless transition of your account to our system. Upon receipt of your implementation documents, you will be assigned an Implementation Representative. Your Implementation Representative is specially trained and dedicated 100% to your account, and will serve you during the Implementation period. Once your account is completely set up, your Implementation Representative will provide you with your day-to-day contact(s) information.

### Let's Get Started

Now that we've introduced our implementation strategy, let's get started on the implementation of your account. There are a few pieces of information that we will need from you before we can begin the set-up process:

**New Client Implementation Documents Completed** – The documents needing your attention are enclosed at the end of this kit, which includes:

- COBRA Data Sheet
- Carrier Rate Information Form
- Carrier Contact Information Form
- Authorization Agreement for Pre-Authroized Payments and Participant Takeover Form

*We have provided a checklist with a brief explanation of each form to assist you while you are completing the required documents (on page 2).*

## IMPLEMENTATION

Once Asure Software receives your signed contract and, checks the completed Implementation Documents, we can begin the set-up of your account.

**Step One** – Your Implementation Representative will contact you to introduce themselves, and clarify any additional questions regarding your new account. This will occur approximately 2 - 5 business days after your signed contract and implementation documents are received.

**Step Two** – The Implementation Representative will begin the internal set-up based on the documents provided. This will occur shortly after step one.

**Step Three** – Once the internal set-up is completed, the Account Manager, will contact you to review your account, schedule training session on web reporting, and answer any questions that you may have. At this time your Implementation Representative will also provide you with several documents to complete your implementation such as:

- *Web Login and Password* – Your web login and password will be essential to web reporting accessing information regarding your participant's accounts. This login will also allow you to enter qualifying events for your employees.
- *Client Portal Quick Start Guide* – This document can be used as a quick reference guide and will assist you when entering qualifying events online through our webportal.

**Step Four** – The implementation is now complete, and you may begin reporting activity to Asure Software for new qualifying events.

## Mangrove Online Reporting

Website reporting – Qualifying event information can be submitted through our secure website. The web program is very user-friendly, and password protected. Once you have submitted the qualifying event into our system, the COBRA Election Notice will be sent via First Class mail with a Proof of Mailing within 2 business days.

Once the participant returns their COBRA election form and makes the initial payment for their coverage, Asure Software will reinstate coverage directly with your insurance carrier, if you have chosen this option. Please note: we advise COBRA enrollee's that if the reinstatement payment is a personal or business check, we will hold the reinstatement for 3-5 business days to verify the funds. If they wish to expedite the enrollment process, certified funds (i.e. cashier's check or money order) should be submitted with the election paperwork. You may logon to the website and review the status of the participant's account at any time. Asure Software will advise you of reinstatements, terminations and/or updates once the participant has elected COBRA coverage by including you via CC on any correspondence sent to your insurance carriers.

At the close of each month, we will begin our Premium Disbursement process. All premiums collected during the month will be remitted back to you via ACH, if you have chosen this option. Reports are available online 24/7. Please note, the premium we collect on your behalf throughout the month will be disbursed to you by the 15th of the following month. The reason for the period between the payment cycle and when those premiums are actually forwarded to you is to ensure that the payments received during the payment cycle are not returned by the bank as uncollected. There may be variations in the dates due to weekends and bank holidays.

## THE COBRA FLOW WITH MANGROVE

1

### Setup

(Asure Software and Employer)

Asure Software will complete the implementation process within 7-10 days of receiving your signed contract, set-up payment, and completed implementation documents. At this time, we will notify your current COBRA enrollees of our role in administering COBRA and send their monthly premium coupons for remittance. Initial notices will be sent to active employees, if this option was chosen.

2

### Event Notification

(Employer)

As the employer, you have 30 days to notify us of your COBRA event. At this time, you are responsible for terminating the person's coverage with your carrier.

3

### Cobra Notice

(Asure Software)

Asure Software has 14 days from receiving the event notification to send out the COBRA notification. Typically, these notices are mailed out within 2-3 business days from receipt of the notification. We will begin tracking the election period.

4

### Enrollment

(Asure Software and Employer)

When a qualified beneficiary (QB) returns their completed election form and initial payment, Asure Software will provide the COBRA enrollee with an enrollment confirmation notice and 12 months worth of payment coupons. Asure Software will notify the insurance carriers and the client of the COBRA enrollment.

5

### Collections

(Asure Software)

Asure Software collects the premium due and provides accurate administration to allow only eligible enrollees to remain on COBRA. Our system automatically tracks the allowable grace period for each COBRA enrollee.

6

### Disbursements

(Asure Software)

Once a month, Asure Software disburses collected premiums to your company via ACH. Reports are available on our secure site 24/7.

7

### Customer Service

(Asure Software)

Asure Software handles all written inquiries and customer service calls for your account, alleviating your HR staff of the time consuming and unnecessary burden of dealing with former employees.

8

### Termination & HIPPA Certification

(Asure Software)

Asure Software will notify your COBRA enrollees when there is a change in their COBRA premium due to your renewal. If you choose our open enrollment service, we will provide all information related to your renewal at an addition cost. **Note: We must receive the open enrollment information 30 days prior to the open enrollment effective date. We will also notify the member if they short pay on their COBRA premium or if there were any updates made on their account.**

### Termination

End of COBRA

Our system automatically tracks when a COBRA enrollee should be terminated (i.e. due to non-payment, reaching the maximum coverage period). Asure Software sends the QB a termination notice We will notify your insurance carrier and the client of the COBRA enrollee's termination. You are responsible for auditing your insurance bill and notifying Asure Software of any discrepancies.

# COBRA DATA SHEET

PLEASE COMPLETE ALL INFORMATION AND RETURN ALL PAGES.

Please complete in full all sections of this Data Sheet. We request that you only use our forms that are provided to you to ensure all information is clear and concise. Any sections that are left blank or not provided on our paperwork may result in a delay of your implementation. If you feel a question does not apply to you, please indicate "N/A".

Employer Name: \_\_\_\_\_

Federal Employer ID No. / Tax ID No. \_\_\_\_\_ Effective Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

## CONTACT INFORMATION

Executive Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Admin (day-to-day) Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Finance Contact: (This is the person that you would prefer to receive our invoices for services.) \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Premium Disbursement Contact: (This is the person in your organization that you would prefer to receive the premiums we collect.) \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Email \_\_\_\_\_

Total # of benefit eligible employees in your company: \_\_\_\_\_

# Of Health Plan Enrollees: \_\_\_\_\_

Is your plan a self-funded ERISA Plan?  Yes  No

If "No" and the plan is fully insured, from what state is the policy issued: \_\_\_\_\_

Does your organization have any severance policies that will be applicable to continuation coverage enrollees?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your employee waiting period for benefits? Select one of the following:

- No Waiting Period   
  30 days   
  60 days   
  90 days   
  120 days  
 1st of the month following date of hire   
  1st of the month following \_\_\_\_\_ days  
 Other: \_\_\_\_\_

If a QB qualifies for the Social Security Disability Extension, do you wish to charge an additional admin fee as allowed by COBRA Law? If yes, indicate the percentage to charge up to 50%. Asure Software will retain 2% from what you decide to charge. (i.e. 50% = 48% to employer, 2% fee to Asure Software.)

- Yes    % to be charged: \_\_\_\_\_   
  No

Please confirm the time-frame your insurance carrier allows for COBRA retro-terminations.

- No retro-terminations allowed   
  30 days   
  60+ days

Please confirm the grace period you are providing your COBRA members for COBRA premiums.

*Treas. Reg. § 54.4980B-8, Q/A-5, indicates payment for benefits must be made within a 30-day grace period from the due date.*

- 30 days (minimum)   
  Other: \_\_\_\_\_

Please confirm if your insurance carriers terminate COBRA coverage upon Medicare entitlement (refer to your SPD).     Yes     No

Do you have any divisions or locations that will require separate reporting?     Yes     No

If "Yes," please advise your implementation representative of the additional divisions/locations and any special instructions.

Broker Information: \_\_\_\_\_

Please confirm who should be sent invoices for administration services:

- Client/Employer   
  Broker (listed above)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Date

# AUTHORIZED REPRESENTATIVE(S) FORM

The purpose of this form is to list up to three authorized representatives from the company to send a request to change/add contact(s) and assign user's access to the online system mycobrasource.com. The authorized representative of the company must sign this form along with the "Contact Update and mycobrasource.com Access Form."

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Client Name

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Name (Printed)	By (Signature)
Title	Date
Phone	Email

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Client Name

---

Name (Printed)	By (Signature)
Title	Date
Phone	Email

---

Client Name

---

Name (Printed)	By (Signature)
Title	Date
Phone	Email



# NEW CLIENT - WEBISTE ACCESS REQUEST FORM

This document gives authorization to Asure Software to setup user access to the online system (mycobrasource.com) for additional contacts at your company. Login and password information will be e-mailed via secure e-mail. This information must be kept confidential. An authorized representative of the company must sign this form.

In order to ensure data security, those individuals receiving Usernames/Passwords to access mycobrasource.com will adhere to the following methods of operation:

1. Usernames and passwords will not be revealed by the authorized representative to other individuals.
2. Usernames and passwords should not be used by anyone other than the authorized representative.
3. The user is responsible for all information entered into mycobrasource.com.

By signing this document, the "company" authorizes Asure Software, to make the changes indicated on this form. An authorized representative of the company listed on the "Authorized Representative(s)" form must sign below.

Company Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Company Authorized Signature: \_\_\_\_\_

Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

## List only contacts that you wish to be provided access to mycobrasource.com

Please Neatly Print/Type.  
(Username & password provided unless otherwise indicated.)

Additional Contact Information:  Client  Branch  Third Party (i.e. Broker)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Email Fax

Additional Contact Information:  Client  Branch  Third Party (i.e. Broker)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Email Fax

Additional Contact Information:  Client  Branch  Third Party (i.e. Broker)

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Email Fax

# AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DEBITS/CREDITS

I/We hereby authorize Asure Software to initiate credit and/or debit entries (relating to COBRA premiums, Flexible Benefit Reimbursements and/or Administrative fees) to our checking/savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit/debit such account.

**Please attach and mail/fax/email a voided company check along with this completed form to set up your account or when making any changes to your account. If you are unable to prove a voided check, please provide a Bank Spec Sheet (completed by an authorized bank Representative), which confirms the account information.**

## DEPOSITORY (BANK)

Checking Account       Savings Account

\_\_\_\_\_  
Name

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
TRANSIT/ABA #:

\_\_\_\_\_  
ACCOUNT #:

This authority is to remain in full force and effect until Asure Software and DEPOSITORY has received written notification from us of its termination in such time and in such manner as to afford Asure Software and DEPOSITORY a reasonable opportunity to act on it.

## I Authorize Mangrove to use the account listed above for the following services:

COBRA Participant Premiums       Flexible Benefit Reimbursements       Annual/Monthly Administrative

Effective Date of Authorization: \_\_\_\_\_

\_\_\_\_\_  
COMPANY NAME:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
Date

Authorized contact to receive COBRA payment report and ACH deposit information.

COBRA Premium Report (fax only)       Flex Reimbursement Check Register (email only)  
 Administrative Invoices (email only)

\_\_\_\_\_  
COMPANY NAME:

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

# NEW CLIENT CARRIER RATE INFORMATION

Please complete this form to its entirety. Non-completion of the form may cause a delay in processing.

Employer/ Client Name: \_\_\_\_\_

If an open enrollment is being offered to the active employees, the same opportunities must be given to the enrolled COBRA participants (Treas. Reg. § 54.4980B-5 Q/A-4c). If your open enrollment is coinciding with your implementation with Asure Software, please indicate below how the open enrollment is being handled and what type of change occurred.

- Check all that apply:  Carrier Change  New Plan  No Open Enrollment
- Employer Administered Open Enrollment**  **Asure Software Administered Open Enrollment**
- (You have notified current COBRA enrollees of their open enrollment rights) (You would like Asure Software to send out open enrollment information to your our COBRA enrollees)

Insurance Carrier (including State): \_\_\_\_\_

Plan Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Check one of the following Benefit Types:

- HMO  PPO  POS  EAP  DHMO  DPPO  Vision  HRA  HDHP  Other: \_\_\_\_\_

Plan Type:  Insured  Self-Insured

**Coverage Termination Method (Please check all that apply):**

Event Date: Coverage terminates the day of the event / End of Month: Coverage terminates the last day of the month

- Termination/Reduction of Hours:  Event date  End of month
- USERRA (military leave):  Event date  End of month
- Divorce/Legal Separation:  Event date  End of month
- Death:  Event date  End of month
- Ineligible Dependent:  Event date  End of month

Benefit Options (Please check all that apply):

**Plans Are:**

**Bundled** - Two or more plans are offered to employees and COBRA participants as a "bundled" option. Meaning, one benefit cannot be elected without the other(s). Provide the combined rate for the bundled plans: \_\_\_\_\_

**A la Carte** - The employees and COBRA participants have the option of electing each benefit separately.

**For rates based on age/gender, please complete the above information and attach your rate chart.**

## Composite Rate Structure

Coverage Tier Level <small>(Please indicate if your carrier uses a different tier name)</small>	Monthly Carrier Rate <small>(WITHOUT 2% COBRA Admin. Fee)</small>
Individual	\$
Individual + Spouse	\$
Individual + 1 Child	\$
Individual + Children	\$
Family	\$

# CARRIER CONTACT INFORMATION

Asure Software would prefer to work directly with your insurance carrier to reinstate, terminate, or inquire on your COBRA members. When we reinstate/terminate a COBRA member, you will be copied on the fax correspondence so you are aware of who should be added or removed from your insurance carrier billing. In order to do this, we require you to provide us complete and accurate contact information for each of your insurance carriers. If you are notified of a change in the carrier contact information, you are responsible for notifying our office to ensure we update our records accordingly.

**Please fill out on of these forms for each of the plans you have.**

**Do you want Asure Software to work directly with your carriers to reinstate/change/terminate your COBRA members?**

Yes     No (Employer will be responsible for all COBRA eligibility notifications to/from carrier)

We thank you in advance for contacting your insurance carrier *PRIOR* to submitting this form to confirm the phone number, fax number, and group/subgroup/section numbers or plan/variation codes that Asure Software should indicate when notifying your insurance carrier. In addition, please be sure to advise your insurance carrier that Asure Software is your Third Party COBRA administrator so that we are listed as an authorized contact when calling your insurance carrier regarding your COBRA members.

Please complete the sections below with the information we should indicate on our fax cover page/secure email to your insurance carriers. Note: If incorrect information is provided to Asure Software, we will not be held liable for any updates not processed by the carrier(s) accordingly.

Employer Name: \_\_\_\_\_

Carrier Name/Plan Name: \_\_\_\_\_

Contact/Dept. Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Subgroup/Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Carrier # for participants to call: \_\_\_\_\_

Carrier Name/Plan Name: \_\_\_\_\_

Contact/Dept. Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Subgroup/Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Carrier # for participants to call: \_\_\_\_\_

Carrier Name/Plan Name: \_\_\_\_\_

Contact/Dept. Name: \_\_\_\_\_

Group #: \_\_\_\_\_ Subgroup/Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Carrier # for participants to call: \_\_\_\_\_

# COBRA ENROLLEE TAKEOVER NOTIFICATION

**MEMBER MUST BE ACTIVE ON COBRA WITH INSURANCE CARRIERS AT THE TIME OF IMPLEMENTATION.**

**Client:** \_\_\_\_\_ **Location/Branch:** \_\_\_\_\_

**1. Primary Qualified Beneficiary (PQB) Information:**

PQB Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

**2. Dependent Information:**

*(If address is different from employee, attach a separate sheet with address. If spouse is currently enrolled under Spousal Continuation, notify our office.)*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

**3. COBRA Qualifying Event Date:** \_\_\_\_\_ **4. COBRA Start Date:** \_\_\_\_\_  
*(Each benefit may vary, please specify)* *(Each benefit may vary, please specify)*

**5. General Initial Notice Notification Date:** \_\_\_\_\_ **6. COBRA Election Notification Date:** \_\_\_\_\_

**7. Original Effective Date on the group health plan as/under the active employee:** \_\_\_\_\_

**8. COBRA Election Date:** \_\_\_\_\_ **9. COBRA paid through date (mm/dd/yyyy):** \_\_\_\_\_  
*(Needs to be on or after contract start date)*

**10. Type of qualifying event (check one):**

- Voluntary termination     Involuntary termination     Reduced hours     Retirement     Death
- Divorce/legal separation     Child ceasing to be a dependent     Other: \_\_\_\_\_

**11. Indicate the plan the QB's are in enrolled in along with the respective coverage level.**

Specify Plan for: Medical: _____ Dental: _____ Vision: _____ Other (i.e. FSA, HRA): _____	Specify Coverage Level for each plan: _____ _____ _____ _____
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**If you have a Qualified Beneficiary that is currently within their 60-day election period but has not yet elected COBRA, please do not provide our office their information until they have elected and paid for COBRA coverage up to your contract effective date.**

# COBRA EVENT NOTIFICATION

**Client:** \_\_\_\_\_ **Location/Branch:** \_\_\_\_\_

**1. Primary Qualified Beneficiary (PQB) Information:**

PQB Name: \_\_\_\_\_ Employee Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_

**2. Dependent Information:**

*(If address is different from employee, attach a separate sheet with address. If spouse is currently enrolled under Spousal Continuation, notify our office.)*

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Relationship to PQB: \_\_\_\_\_ Gender: \_\_\_\_\_ Is the dependent a qualified beneficiary (Y/N)? \_\_\_\_\_

**3. COBRA Qualifying Event Date:** \_\_\_\_\_

*(Each benefit may vary, please specify)*

**4. COBRA Start Date:** \_\_\_\_\_

*(Each benefit may vary, please specify)*

**5. Original Effective Date on the group health plan as/under the active employee:** \_\_\_\_\_

**6. Type of qualifying event (check one):**

- Voluntary termination   
  Involuntary termination   
  Reduced hours   
  Retirement   
  Death  
 Divorce/legal separation   
  Child ceasing to be a dependent   
  Other: \_\_\_\_\_

**7. Indicate the plan the QB's are in enrolled in along with the respective coverage level.**

Specify Plan for:	Specify Coverage Level for each plan:
Medical: _____	_____
Dental: _____	_____
Vision: _____	_____
Other (i.e. FSA, HRA): _____	_____

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
PRINT NAME Title