

COBRA Administration Checklist

Employee Name _____ SSN _____

Date of Hire _____ Address _____

Qualifying Event _____

Qualifying Event Date _____

COBRA Start Date _____ COBRA End Date _____

	TASK	DATE	COMPLETED BY
1.	Mailed initial notification letter		
2.	Mailed spouse/dependent initial notification letter		
3.	Notified insurers of cancellation of coverage		
4.	Advised of qualifying event		
5.	Mailed COBRA qualifying event notice and election form to former employee		
6.	Mailed COBRA qualifying event notice and election form to former employee's spouse and dependents		
7.	Received COBRA election form		
8.	Received initial COBRA premium		
9.	Reactivated qualified beneficiaries coverage with insurer(s)		
10.	Administered Medicare and disability		
11.	Reduced premiums from the maximum of 150 percent to 102 percent		
12.	Granted mandated extensions of COBRA coverage to appropriate beneficiaries within time limits		
13.	Notified qualified beneficiaries of conversion options during the required time frame		
14.	Terminated COBRA coverage		
15.	Retained copies of all notices sent, including information about the methods of delivery used		
16.	Maintained accurate premium collection records		