**Checklist: COBRA Administration**

Employee name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifying event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualifying event date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COBRA start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COBRA end date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial COBRA notification letter mailed to employee. Date \_\_\_\_\_\_\_\_

Initial COBRA notification letter mailed to spouse/dependents. Date \_\_\_\_\_\_\_\_

Notice of qualifying event received. Date \_\_\_\_\_\_\_\_

Insurance carrier notified of cancellation of coverage. Date \_\_\_\_\_\_\_\_

Election notice mailed to employee and covered dependents. Date \_\_\_\_\_\_\_\_

Election form received from employee and covered dependents. Date \_\_\_\_\_\_\_\_

Initial COBRA premium received for selected coverage. Date \_\_\_\_\_\_\_\_

COBRA coverage exhausted or terminated. Date \_\_\_\_\_\_\_\_