**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 \_\_\_\_\_\_\_\_