

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 _____