

CBA Benefit Services

73 East Wilson Bridge Road, Suite B-6 - Worthington, Ohio 43085
 (614) 880-0068 - Toll free (866) 880-0068 - Fax (614) 880-0092

To: COBRA Coordinator
 Fax: 1-614-880-0092
 Date: _____

COBRA REPORTING FORM

Employer Name

The following person has incurred a Qualifying Event. The employer was notified on ____/____/____.

Name	Social Security Number
Street Address	Birth Date
City, State, Zip	Home Telephone ()
** Employee's Name (if different)	Employee's Social Security #

This person was covered under the following benefits:

- | | |
|--|---|
| <input type="checkbox"/> MEDICAL/RX (COVERAGE END DATE _____)
<input type="checkbox"/> Employee with Single Coverage
<input type="checkbox"/> Employee with Dependent Coverage
<input type="checkbox"/> Dependent of Employee

<input type="checkbox"/> DENTAL (COVERAGE END DATE _____)
<input type="checkbox"/> Employee with Single Coverage
<input type="checkbox"/> Employee with Dependent Coverage
<input type="checkbox"/> Dependent of Employee | <input type="checkbox"/> VISION (COVERAGE END DATE _____)
<input type="checkbox"/> Employee with Single Coverage
<input type="checkbox"/> Employee with Dependent Coverage
<input type="checkbox"/> Dependent of Employee

<input type="checkbox"/> FLEX BENEFIT PLAN (Per Month)
\$_____ Flexible Spending
\$_____ Dependent Care

<input type="checkbox"/> EAP |
|--|---|

The event that caused termination of benefits was:

EVENT	DATE OF EVENT
Employment terminated	
Reduction in hours	
Employee retired	
Death of an employee	
Dependent Child loses eligibility <input type="checkbox"/> Graduation <input type="checkbox"/> Limiting Age	
Medicare entitlement	
Family Medical Leave Act expiration	
Divorce final	
Other – Reason	

Employer Representative _____ Date _____

Recommended procedure: fax or mail CBA Benefit Services within 30 days of QE and file copy in employee's personnel file.

CBA USE ONLY:	
<input type="checkbox"/> TERMINATE APPLICABLE COVERAGES	<input type="checkbox"/> LOAD INFORMATION IN COBRA SYSTEM
<input type="checkbox"/> ADVISE OTHER CARRIERS OF TERMINATION IF APPLICABLE	<input type="checkbox"/> MAIL NOTIFICATION LETTER TO PQB