



# COBRA Qualifying Event Form

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This is a fillable PDF form and can be completed electronically. \*\* Indicates a Required Field

CLIENT NAME\*\*

CLIENT EIN\*\*

ENROLLMENT INFORMATION							
Relationship**	Last Name**	First Name**	MI	Social Security Number**	Date of Birth**	Gender**	
						Male	Female
Employee							
Spouse							
Dependent							
Dependent							
Dependent							

PARTICIPANT CONTACT INFORMATION**			
MAILING ADDRESS**		CITY**	STATE** ZIP**
PHONE NUMBER**		EMAIL ADDRESS	
ORIGINAL HIRE DATE**		ORIGINAL DATE OF ACTIVE COVERAGE**	

QUALIFYING EVENT TYPE**			
Involuntary Termination	Reduction of hours	Ineligible Dependent	Leave of Absence
Gross Misconduct Termination	Death of Employee	Employee Disability	Lay off
Voluntary Termination	Divorce/Legal Separation	Employee Retired	Leave of Absence - Military
DATE OF QUALIFYING EVENT**		ACTIVE COVERAGE TERMINATION DATE**	

EMPLOYER SUBSIDY**			
<b>Please Note:</b> By checking the "Yes" box below - Rehn will bill the Employer for all premiums due. Employer is NOT to pay the Carriers directly.			
Are you paying for this participant's COBRA Premiums?		No	Yes
If Yes....	Percentage %	Flat Amount \$	Duration of Payments

CURRENT COVERAGE INFORMATION**					
Plan Type	Enrolled? **		Carrier & Plan Name/Type** (Ex: BlueCross – PPO, HSA, Buy-Up, etc)	Census Code** (see below)	Full Premium Rate**
MEDICAL	Yes	No			\$
DENTAL	Yes	No			\$
VISION	Yes	No			\$
OTHER	Yes	No			\$

Census Codes							
EE	Employee Only	SP	Spouse/Ex-Spouse/Widow	OD	Overage Dependent	ESP	Employee/Spouse
ECH	Employee/Child	ECHN	Employee/Children	ESPC	Employee/Spouse/Child	FAM	Employee/Spouse/Children

SPECIAL INSTRUCTIONS/COMMENTS

# COBRA Current Enrollee Filing Instructions

## Enrollment Information

Due to ACA changes (reporting, premium calculations, etc.) we now require enrolled dependent information to be provided with all qualifying events. Employee and Dependent DOBs are required for qualifying event notification, and SSNs are required for enrollment.

## Participant Contact Information

Please provide the most recent address information.

## Qualifying Event Type

Select the event type that the participant experienced.

The Date of Qualifying Event Date should reflect the exact date of the Event selected.

The Active Coverage Termination Date should reflect the Last Date that the employee had ACTIVE coverage. COBRA coverage (if elected by participant) will begin the first of the month following the Active Coverage Termination Date.

## EMPLOYER SUBSIDY..... Are you paying for this participants' COBRA Premiums?

Rehn & Associates will set up direct employer invoicing if there is a severance or any other agreement for employer payment of premiums.

If you check "Yes" we will send a monthly invoice to your office to collect premiums. DO NOT PAY THESE PREMIUMS TO YOUR CARRIER DIRECTLY – please wait for an invoice from our office.

If you are unsure on how to proceed with your particular employee situation – please contact our office for additional guidance.

## Current Coverage Information

**Enrolled?:** COBRA Beneficiaries are only eligible to elect based on the coverage they were enrolled on at the time of termination. Please indicate clearly which benefits the participant was enrolled in under the Employer's ACTIVE Coverage.

**Carrier & Plan Type:** Please indicate the insurance carrier name and plan type in this field. This is extremely important to us in order to validate we have the participant set up on the appropriate plan in our system – especially if there has been a recent renewal or you offer dual option benefits.

**Census Code:** Please indicate clearly the enrollment census for the member. All enrolled dependents are eligible to elect COBRA in the same manner as the employee. Codes are listed on the event form.

**Rate:** This rate should indicate the total premium billed to you by the insurance carrier – not the rate paid by the member through payroll.

Please note: you can utilize the employer portal to submit your QEs online with a 24 hr turnaround!

Email [cobra@rehnonline.com](mailto:cobra@rehnonline.com) to ask us how!