STERLING ADMINISTRATION

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COBRA QUALIFIED BENEFICIARY TAKEOVER FORM

WE MAKE THE COMPLEX SIMPLE

For any new employer group, we will need one of these for each existing COBRA Qualified Beneficiary.

Company Name: _____

Contact Person: _____ Phone: _____

Employee Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced Gender: ☐ Male ☐ Female

Please list the names, social security numbers and birth dates for any other covered family members.

DEPENDENT NAME	SSN	BIRTH DATE	RELATIONSHIP

QUALIFYING EVENT INFORMATION

Qualifying Event Date: _____

Date Active Coverage Terminates: _____

Type of COBRA Event (check one)

☐ Involuntary Termination (fired, layoff, reduction in workforce)

☐ Voluntary Termination / Resignation / Retirement

☐ Reduction of Hours (full-time to part-time, unpaid leave of absence)

☐ Death of Employee (spouse and dependent children only)

☐ Divorce or Legal Separation (spouse and dependent children only)

☐ Loss of Dependent Status (dependent children only)

Has the qualified beneficiary been approved for an additional 11-month disability extension?

☐ Yes ☐ No

At the time of the termination or reduction in hours, was the employee eligible to receive Social Security income?

☐ Yes ☐ No

Has the employee had at least 18 months of previous group health plan coverage? ☐ Yes ☐ No

CURRENT QUALIFYING BENEFICIARY ENROLLED BENEFITS / ELIGIBLE BENEFITS

BENEFIT	CARRIER	TYPE (SINGLE, FAMILY, ETC.)	MONTHLY PREMIUM	ORIGINAL EFFECTIVE DATE

Medical HRA? ☐ Yes ☐ No

Medical FSA? ☐ Yes ☐ No Monthly Contribution Amount: _____

Date COBRA Notice was mailed: _____

Has an election been made? ☐ Yes ☐ No Date of Election: _____

Has primary payment been received? _____

Date Last Premium Paid: _____ Coverage Paid Through: _____

Monthly Subsidy (if applicable) _____ Length of Subsidy (if applicable) _____

NOTES

Form Completed By: _____

Name (Print): _____

Date: _____ Phone: _____ Fax: _____

Signature: _____

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