



COBRA rights checklist



This is a list of requirements that employers must follow to inform their group health plan beneficiaries (employees, spouses, dependents) of their rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Required notices (model general and election notices available at www.dol.gov)

- General Rights Notice (must be sent within 90 days of enrollment into a group health plan - health, dental, vision, flexible spending account)
- Specific Rights Notice (Election notice - the plan administrator must provide the notice within 14 days after receiving notice of a qualifying event)
- Conversion Rights Notice (must be sent 180 days prior to the end of the maximum continuation period)
- Notice of Unavailability (must be sent when the plan administrator denies coverage after receiving notice and explain why continuation coverage is not available)
- Notice of Termination of COBRA Rights (must be sent when COBRA coverage terminates before the end of the maximum COBRA period)

Enrollment into group health plan

- Send General COBRA notice addressed to covered employee and spouse, if applicable, to home address within 90 days of enrollment into group health plan
- Send General COBRA notice to covered spouse if added during open enrollment or qualified event

Types of qualifying events for COBRA eligibility

- Employee Termination
- Employee Reduction in Hours
- Employee Death
- Entitlement to Medicare
- Employee Divorce or Legal Separation
- Loss of Dependent Child Status

Length of coverage available

- 18 months (Employee Events)
- 36 months (Dependent Events)
- 29 months (Disability Extension periods)

Payment of COBRA premiums

- Premiums are due the first of the coverage month. An administrative charge may be added to the monthly premium. There is a 30-day grace period to make payments. This begins on the second day of the coverage month. For example, September's grace period expires on October 1, not September 30.

Reasons for terminating COBRA coverage

- The maximum continuation period has been reached.
- The Qualified Beneficiary fails to make a timely COBRA premium payment.
- The Qualified Beneficiary is covered under another group health plan AFTER the election of COBRA.
- The Qualified Beneficiary is no longer disabled after the start of the 11-month extension has begun.
- The Employer ceases to provide any group health coverage to any covered employee.
- The Qualified Beneficiary has become entitled to Medicare, part A or B (For purposes of Medicare, ELIGIBLE means the person has attained the age of 65. ENTITLEMENT means the person has actually become enrolled under Medicare).

Open enrollment

- During open enrollment, the same information and enrollment options must be communicated to COBRA Qualified Beneficiaries as to active employees. This includes allowing Qualified Beneficiaries the ability to enroll under a new plan.

KEY SOURCE:

U.S. Department of Labor www.dol.gov

ECRI Institute www.bulimiaguide.org