

# 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](http://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.