

Addendum D

EMPLOYER NAME: _____

COBRA ADDENDUM

NUMBER OF COBRA ELIGIBLE EMPLOYEES

A. QUESTIONS REGARDING THE MEDICAL PLAN

Carrier Name: _____
Policy: _____
Effective Date: _____ to _____

1) On what day does termination become effective (Select One)?

End of the Month or Date of Termination

2) Medical Plan Dependent Age Outs occurs @ _____ years old

3) Carrier Contact: Name _____ Email _____ Phone _____

4) Please List Premiums by Tier 1. 2. 3.

- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____

5) After the full COBRA coverage period ends, can a Participant convert to an individual Plan? Yes or No

B. QUESTIONS REGARDING THE DENTAL PLAN

Carrier Name: _____
Policy: _____
Effective Date: _____ to _____

1) On what day does termination become effective (Select One)?

End of the Month or Date of Termination

2) Dental Plan Dependent Age Outs occurs @ _____ years old

3) Carrier Contact: Name _____ Email _____ Phone _____

4) Please List Premiums by Tier 1. 2. 3.

- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____
- _____ \$ _____ / \$ _____ / \$ _____

C. QUESTIONS REGARDING THE VISION PLAN

Carrier Name: _____
Policy: _____
Effective Date: _____ to _____

1) On what day does termination become effective (Select One)?

End of the Month or Date of Termination

2) Vision Plan Dependent Age Outs occurs @ _____ years old

3) Carrier Contact: Name _____ Email _____ Phone _____

4) Please List Premiums by Tier 1. 2.

- _____ \$ _____ / \$ _____
- _____ \$ _____ / \$ _____
- _____ \$ _____ / \$ _____
- _____ \$ _____ / \$ _____
- _____ \$ _____ / \$ _____

D. OTHER INFORMATION

1. Is this a takeover from another COBRA Administrator? If yes, we will need a census with paid-thru dates for each continuant.
2. Is there anyone currently electing COBRA coverage? Yes or No
3. Is an employee allowed to make mid-year changes voluntarily? Yes or No
4. Are there any COBRA eligible Plans required to be packaged and are not able to be elected separately?
 - a. If so, please list them. _____
5. Are employees eligible to enroll in a Flexible Spending Account or Dependent Care Account?
 - a. If so, the effective dates are: _____ to _____
6. Are employees eligible to enroll in a Health Reimbursement Arrangement?
 - a. If so, the effective dates are: _____ to _____ (please include a benefit summary)
7. Are employees eligible to enroll in a GAP or Supplemental Medical Plan?
 - a. If so, the effective dates are: _____ to _____ (please include a benefit summary)
8. Are employees eligible to enroll in any other COBRA eligible Plan?
 - a. If so, please list them here. _____
9. Are any of the plans above age-rated/age-banded? Yes or No

For Office Use Only	
Bill To	_____
Terms Go To	_____
Participant Fee	_____