

CONTINUANCE OF COVERAGE FOR MEDICAL, DENTAL AND/ GE HEALTH MANAGER

Group Name: _____ | Group Number: _____ | Date: _____

| Qualified COBRA Beneficiary SSN | Qualified COBRA Beneficiary Name | Status Code ^a | Qualified COBRA Beneficiary Address | Qualified COBRA Beneficiary DOB | Qualified COBRA Beneficiary Gender | Qualified COBRA Beneficiary Relation to Employee | Qualifying Event Code ^b | Notification Date | Enrollment Date | Paid Through Date | COBRA Coverage Effective Date | Coverage Elected Code ^c | Employee Name | Employee SSN |
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- a. Status code is either “E” for employee or “D” for dependent.
- b. Qualifying Event Code is “1” for termination/resignation; “2” for Divorce; “3” for death of employee; “4” for Medicare entitlement; “5” Loss of dependent status or “6” for reduction in hours
- c. Coverage Elected Code is “M” for medical only, “D” for dental only or “C” for combined medical and dental coverage