MONTHLY COBRA STATUS REPORT

YEAR: ___________ MONTH: ________________

Completed By: ___________________________ Date Completed: ___________

1. Total number of Initial General Notices sent during the month: ____________

2. Total number of Election Notices sent during the month: ____________

3. Total number of Unavailability of Continuation Coverage Notices sent during the month: ____________

Type of Qualifying Event:

Voluntary termination: ____________

Involuntary termination: ____________

Reduction of hours: ____________

Death of employee: ____________

Medicare entitlement: ____________

Divorce: ____________

Legal separation: ____________

Termination of domestic partnership: ____________

Child ceases to be a dependent: ____________

Number of COBRA enrollments at the beginning of the month: ____________

Number of COBRA enrollments at the end of the month: ____________

Was any COBRA coverage denied due to gross misconduct? Yes _____ No _____

(If yes, name of employee and brief description)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Rev. 1/07