


COBRA Notices Mailed Report

Explanation: The COBRA Notices Mailed Report provides a listing of COBRA Notices mailed within the report period.

Timing: Monthly

Delivery: Report via Download Center



COBRA Notices Mailed

for Notices Mailed: 12/1/2020 - 12/31/2020
Account: ABC Sample (C1000000)

The header will provide the report period.

Report Explanation

This monthly report provides you with the name(s) of individuals whom isolved Benefit Services has sent a COBRA notice. Activity reports are provided to ensure that all activity reported to isolved Benefit Services has been received and processed on your behalf for the time frames stated on the report. Please audit this information carefully.

- **General Notice of COBRA Rights** - must be sent to the employee, spouse and/or dependents (if any), at the time of commencement of coverage under your group health plan.
- **Qualifying Event Notice** - needs to be sent when a Qualifying Event occurs and causes the employee, spouse and/or dependents to lose coverage.
- **COBRA Extension Notice** - If a Continuee is on COBRA coverage due to a termination or reduction of hours, the original 18 months of COBRA coverage can be extended if a Secondary Event occurs (death, divorce or legal separation, the employee's Medicare entitlement or a dependent child ceasing to be a dependent child), or if an individual is deemed disabled by the Social Security Administration. This notice is recommended by the Department of Labor.
- **Notice of the Right to Convert (Conversion Notice)** - must be sent to Continuees within their last 180 days of COBRA coverage if your health plans have a conversion option.
- **COBRA Expiration Notice** - provided as a courtesy to inform COBRA Continuees that COBRA coverage will soon expire.
- **Termination Notice** - needs to be sent when continuation coverage has been terminated before the end of the maximum coverage period.
- **Notice of Unavailability** - needs to be sent when a request for continuation coverage or an extension of continuation coverage is made and that coverage is not available.

Please audit this report carefully and contact a Customer Response Specialist at 800-300-3838 regarding any concerns or questions you may have.

The Report Explanation provides a description of each COBRA Notice type.

This report should be audited against your personnel and benefit records to ensure all new plan enrollees and all participants who lost coverage have been properly notified.

General Notices

Total General Notices Mailed: 0

Notice Sent To:	Employee #:	Insurance Effective:	Received By isolved Benefit Services:	Notice Mailed On:

Qualifying Event Notices

Total Qualifying Event Notices Mailed: 2

Beneficiary:	SMITH, JOHN (Employee)	Employee #:			
Notice Mailed To:	15 There ORLAND HILLS, IL 60487				
Event Date:	12/8/2020				
Event Code:	Termination of Employment				
Received:	12/22/2020	Notice Due By:	1/4/2021	Notice Mailed:	12/28/2020
Offered Coverages:		Loss of Coverage:		Last Date To Elect:	
BCBS MED PPO EE ONLY		12/8/2020		4/12/2021	
METLIFE VISION EE ONLY		12/8/2020		4/12/2021	
METLIFE DENTAL EE ONLY		12/8/2020		4/12/2021	

General Notices

Total General Notices Mailed: 4

Notice Sent To:	Insurance Effective:	Received By Infinisource:	Notice Mailed On:
CLARK, HARRY (Employee) 12769 FOX RUN ANGUILLA, CA 72435	1/1/2012	1/6/2012	1/10/2012
CRYSACK, CHEYANNE (Employee) 129612 ROSENGARTEN DR HORN LAKE, MO 24411	1/1/2012	1/10/2012	1/12/2012

COBRA General Notices must be sent to new plan enrollees within 90 days of commencement of coverage. For each notice listed, the report includes:

- Recipient:** Including name, relationship to the covered employee and address.
- Insurance Effective:** Optional.
- Received:** The date on which Infinisource received the data.
- Notice Mailed On:** The date on which the notice was mailed.

Services.

Qualifying Event Notices

Total Qualifying Event Notices Mailed: 2

Beneficiary:	SMITH, JOHN (Employee)	Employee #:	
Notice Mailed To:	15 There ORLAND HILLS, IL 60487		
Event Date:	12/8/2020		
Event Code:	Termination of Employment		
Received:	12/22/2020	Notice Due By:	1/4/2021
		Notice Mailed:	12/28/2020
Offered Coverages:		Loss of Coverage:	Last Date To Elect:
BCBS MED PPO EE ONLY		12/8/2020	4/12/2021
METLIFE VISION EE ONLY		12/8/2020	4/12/2021
METLIFE DENTAL EE ONLY		12/8/2020	4/12/2021

COBRA Election (Qualifying Event) Notices must be sent to individuals who lose coverage due to a qualifying event within 44 days of the event. For each notice listed, the report includes:

- Beneficiary:** Name and relationship to the covered employee.
- Notice Mailed To:** The address to which the notice was sent (with proof of mailing).
- Event Date:** The date of the qualifying event; the 18-, 29- or 36-month COBRA period is measured from this date.
- Event Code:** The specific qualifying event that occurred (table of events provided below).
- Received:** The date on which Infinisource received the data.
- Notice Due By:** Infinisource will mail notices within 14 days of receipt.
- Notice Mailed:** The date on which the notice was mailed.
- Offered Coverages:** A list of the benefits offered under COBRA.
- Loss of Coverage:** This was the last day of coverage as an active participant. COBRA coverage begins on the day after the Loss of Coverage.
- Last Date to Elect:** This is the last date on which a valid election can be made.

Qualifying Event	# of Months
Death of the Covered Employee	36
Divorce or Legal Separation	36
Medicare Entitlement	36
Dependent Ceasing to be Dependent	36
Reduction of Hours	18
Termination of Employment	18
Involuntary Termination of Employment	18
Layoff	18

Other Categories

The following categories of notices may also appear on the Monthly Notices Mailed Report:

- Termination Notices:** Individuals whose COBRA coverage has been terminated prior to the maximum coverage period.
- Unavailability Notices:** Sent to individuals who requested COBRA coverage or an extension of COBRA coverage, and COBRA coverage is not available.
- Conversion Notices:** Sent to COBRA participants approximately 120 days prior to COBRA expiration date, to inform them of the opportunity to seek an individual conversion policy from the carrier.
- Extension Notices:** Sent to COBRA participants whose maximum coverage period has been extended to 29 or 36 months.
- Expiration Notices:** Sent to COBRA participants approximately 60 days prior to COBRA expiration date to forewarn them of the imminent expiration of COBRA coverage.

isolved Benefit Services has COBRA experts to help you understand your COBRA administration reports.

You can call **866-320-3040** or via email at **crm@isolvedhcm.com**

Monday through Thursday 8 a.m. to 8 p.m. (ET) and Friday 8 a.m. to 6 p.m. (ET).