

Participant Status Report

Explanation: The Participant Status Report provides a list of current COBRA participants, as well as a recap of status changes that occurred during the report period. **This report should be compared to your monthly insurance billing statement (COBRA section).**

Timing: Monthly (optional semimonthly available)

Delivery: Secure Download Center

The cover page will list the date range for the report and the date on which we produced the report.

Definitions will help you understand the categories within the report.



Employer Participant Status Report

For Activity Occurring: 12/01/2020 to 12/31/2020
 Account: ABC Test Company [010TEST]
 Produced: January 13, 2021

SAMPLE CONTACT
 ABC TEST COMPANY
 15 EAST WASHINGTON ST
 COLDWATER MI 49036

Fax:

Report Explanation

Immediate Attention Required:

This report documents the status of COBRA Possible Electees, Electees, Continuees, and Removals as of 01/13/2021. Daily Status Reports sent after this report date may instruct you to make changes concerning the Qualified Beneficiaries (QB) listed in this report.

Paid-through dates for COBRA Continuees are as of the date of this report. Checks returned by the banking entity, refunds and reallocations of monies could alter these paid-through dates. Paid-through dates should always be confirmed using the Premium Remittance Report sent to you monthly.

Please review this report and any Daily Status Change Reports sent to you thereafter. These can be used to audit your insurance billing statements.

If you have any questions regarding this report, please contact your Customer Response Specialist immediately at 866-320-3040.

Definitions:

Possible Electees - People who at the time of this report can still elect coverage, but have not yet elected.
Electees - People who have elected, but not yet paid.
Continuees - People who are currently on COBRA in good standing.
Removals - People who lost coverage due non-payment, removal, or COBRA expiration during the date range of this report.

Carrier: BCBS **Group No: 00002**

Definitions:

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Possible Electees

MILLER, LISA SSN: XXX-XX-6789 Employee #:123 DOB:12/5/1970
 MILLER, LISA
 SSN: XXX-XX-6789 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Termination of Employment
 15 E WASHINGTON ST
 COLDWATER MI 49036 USA
 [BCBS][DENTAL][FAMILY]

Event Date: 10/29/2020
 Loss of Coverage: 10/29/2020
 Last Date to Elect: 2/5/2021

There will be a separate section for each carrier.

Possible Electees are individuals who still have time to elect COBRA coverage.

Possible Electees

MILLER, LISA SSN: XXX-XX-6789 Employee #:123 DOB:12/5/1970

MILLER, LISA

SSN: XXX-XX-6789 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Termination of Employment

15 E WASHINGTON ST
COLDWATER MI 49036 USA
[BCBS][MEDICAL PLAN A][FAMILY]

Event Date: 10/29/2020
Loss of Coverage: 10/29/2020
Last Date to Elect: 2/5/2021

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.

Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage would begin 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.

Carrier: BCBS of Texas

B500

Definitions:

- Possible Electees* - People who at the time of this report can still elect coverage, but have not yet elected.
- Electees* - People who have elected, but not yet paid.
- Continues* - People who are currently on COBRA in good standing.
- Removals* - People who lost coverage due non-payment, removal, or COBRA expiration during the date range of this report.

Electees

SMITH, SHARON SSN: XXX-XX-5678 DOB: XX/XX/19XX

SMITH, SHARON

SSN: XXX-XX-5678 DOB: XX/XX/19XX Relationship: Employee Type: Beneficiary Event: Involuntary Termination of Employment

15 MICHIGAN AVE
COLDWATER MI 49036 USA

[BCBS TEXAS][PPO RS14][EE]

Event Date: 3/1/2012
Loss of Coverage: 3/31/2012
Elected: 3/5/2012
Must pay by: 5/1/2012

Electees are individuals who have made a valid election of COBRA coverage without a payment.

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.

Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage would begin on the day after the Loss of Coverage.

Elected: This is the date on which the election was postmarked.

Must pay by: This is the last date on which a valid payment can be made.

Continuees

COBRA, SAMPLE T SSN: XXX-XX-0000 DOB:1/1/1980

COBRA, SAMPLE T

SSN: XXX-XX-0000 DOB: 1/1/1980 Relationship: Employee Type: Beneficiary Event: Employee's Reduction of Hours

1001 N. SMITH STREET
JUPITER 33477 HK
[AETNA][MEDICAL PPO][EE+FAMILY]

Event Date: 1/1/2020 Initial Payment: 5/4/2020
Loss of Coverage: 1/24/2020 Paid Thru: 4/30/2020
Elected: 1/24/2020 Expires: 7/1/2021

COBRA, SPOUSE

SSN: XXX-XX-0000 DOB: 1/24/2020 Relationship: Spouse Type: Beneficiary Event: Employee's Reduction of Hours

1001 N. SMITH STREET
JUPITER 33477 HK
[AETNA][MEDICAL PPO][EE+FAMILY]

Event Date: 1/1/2020 Initial Payment: 5/4/2020
Loss of Coverage: 1/24/2020 Paid Thru: 4/30/2020
Elected: 1/24/2020 Expires: 7/1/2021

Continuees are current COBRA Participants. **Audit this section of the report against your monthly insurance billing statement with your Premium Remittance Report.**

Continuees

CANON, MICHELLE SSN: XXX-XX-3333 DOB:2/6/1972

CANON, MICHELLE

SSN: XXX-XX-3333 DOB: 2/6/1972 Relationship: Employee Type: Beneficiary Event: Termination of Employment

15854 HERE
BRONSON MI 49092 USA
[BCBS][MEDICAL PLAN A][SINGLE]

Event Date: 1/16/2020 Initial Payment: 11/18/2020
Loss of Coverage: 2/29/2020 Paid Thru: 12/31/2020
Elected: 2/10/2020 Expires: 7/31/2021

Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.
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.
Elected: This is the date on which the election was postmarked.
Initial Payment: This is the date on which the initial payment was postmarked.
Paid Thru: This is the participant's current paid-through date. **Check this date each month.**
Expires: This is the end of the maximum COBRA coverage period.

Removals

JONES, WILLIAM SSN: XXX-XX-4444 Employee #:124 DOB:12/5/1970

JONES, WILLIAM

SSN: XXX-XX-4444 DOB: 12/5/1970 Relationship: Employee Type: Beneficiary Event: Termination of Employment

5854 THERE ST
COLDWATER MI 49036 USA
[GUARDIAN][VISION][SINGLE]

Reason: Non Payment Initial Payment: 2/27/2020
Event Date: 10/18/2019 Paid Thru: 11/30/2020
Loss of Coverage: 10/31/2019 Payment Due: 10/1/2020
Take Over: 12/1/2019
Removal Effective: 11/30/2020

Removals are individuals whose COBRA has ended, usually retroactively.
Reason: The reason for termination of COBRA is listed here.
Event Date: The 18-, 29- or 36-month COBRA period is measured from this date.
Loss of Coverage: This was the last day of coverage as an active participant. COBRA coverage began on the day after the Loss of Coverage.
Elected: This is the date on which the election was postmarked.
Initial Payment: This is the date on which the initial payment was postmarked.
Paid Thru: **This is the participant's paid-through date and the date on which COBRA coverage ended.**
Payment Due: For nonpayment, this is the due date of the missed payment.

Other Categories

The following categories of changes will be reflected on the Participants Status Report:

- Reinstatements:** Reinstated COBRA Participants will show under Continuees.
- Plan Changes:** Participants who made coverage changes will be shown under Continuees with the coverage in place as of the date of the report.
- Take Overs:** Take overs will show as Continuees.
- Extensions:** Participants whose coverage has been extended will show as *Continuees* with a new *Expires* date.

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

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

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