



# COBRA Division Employer Checklist

## Employer Information

\*Please Note: All fields are required

Employer's Legal Name:			
Address Line 1:		Address Line 2:	
City:		State:	Zip:
# of Individuals Pending Election:	# of COBRA Participants:	# of Active Employees Enrolled:	# of Benefit Eligible Employees:
Medcom Start Date:		Tax ID:	
Employer Contact: <small>*Please note this should be the best contact for Medcom and participants to reach out to</small>		Phone Number:	Email:
Title:			
Broker Contact:		Phone Number:	Email:
Title:			

## Administrative Fees for Medcom COBRA Administration

Pricing Option Selected	Option 1 Option 2	Monthly Invoices Paid By	Broker Employer
<small>*If Pricing Option 1 is selected you are required to provide a census of current employees enrolled in at least one group plan</small>			
Accounting Contact Name:		Phone Number:	Fax:
Title:		Email:	

## COBRA Premiums

Receive Reimbursement by Check or ACH?	Check ACH
Does the address differ from the Employer address above? <small>*If yes please provide the correct address below.</small>	Yes No

## Account Preferences

How will the COBRA Division be notified of Qualifying Events and/or Initial Notices	EDI File Feed      Vendor who will send EDI File Feed? Employer Online Access Broker & Employer Online Access
Portal Access	HR Full Access      HR Read Only Access      Broker Full Access      Broker Read Only Access
Separate Locations Needed	Yes No      Divisions Needed      Yes No
<small>*If additional locations or divisions are needed, please provide the names and addresses below:</small>	
COBRA Participants are given two opportunities to appeal if terminated prior to the end of COBRA. Where should appeals be sent?	Employer Broker



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## Additional COBRA Eligible Benefits Information

FSA Benefit	Yes No	Does Medcom handle your FSA?	Yes No
HRA Benefit	Yes No	Does Medcom handle your HRA?	Yes No
COBRA Eligible Employee Assistance Program?		Yes No	
Send Initial Notices to all employees on census? *Mass mailing fees apply		Yes No	
Preload Census to Medcom portal?		Yes No	
Who does Medcom contact for updated rates and plan information at the group's renewal?		Employer Broker Other (if Other please provide contact in notes sections)	
Who does Medcom contact to reinstate and terminate coverage under COBRA?		HR Broker Carrier Directly	
SPECIAL SUBSIDIES: (Please Describe)			
ADDITIONAL CONTACTS FOR THE GROUP/PORTAL:			
NOTES/SPECIAL REQUESTS:			



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## Employer Pre-Takeover Checklist

1. Please confirm that your company is Federal COBRA eligible.
2. If you had a previous COBRA Administrator, please be sure to review your Service Agreement with that vendor and cancel services prior to Medcom takeover.
3. If your benefits are renewing within 60 days of takeover, please be sure to provide the new rates & benefit information to us as soon as it becomes available.
4. In case of events occurring prior to implementation, or retroactive billing to COBRA participants and takeovers, please provide the prior rates & carrier contact information, along with the current plan year rates.
5. If you would like Medcom to send out open enrollment packages to COBRA continuants, please also include any benefit summaries or carrier applications you would like Medcom to mail out. If there is an open enrollment end date, please provide that to us. Please consult your COBRA Administrative Service Agreement for any fees related to sending out open enrollment materials.
6. Please contact your carrier and notify them that Medcom is your new COBRA Administrator if we are notifying your carriers of reinstatements and terminations.
7. When rates are provided, please do not include the 2% COBRA administrative fee. Our system will automatically add this.
8. For Option 1 pricing, a covered employee census is required. The census should include a minimum of currently covered active employees. If you would like mass initial notices or import to COBRA online web portal, please send an Excel file with minimum of SSN, name and address.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please complete entire form, sign, and date then submit to <https://medcombenefits.com/form-er-checklist>.