



COBRA Verification Form

Account Name	Account Number
Tax ID No.	Renewal Date
Physical Address	
Mailing/Billing Address (if different than above)	

Primary Contact	Email Address	Phone Number
Billing Contact	Email Address	Phone Number
Other Contact(s) & Function(s)	Email Address	Phone Number

Total number of current employees*:	
*If you have 20 or more employees you may be subject to COBRA. If you have fewer than 20 employees, you may be subject to "Six Months State Continuation" regulations. *If you have fewer than 20 employees, your group plan may become secondary payor for Medicare-eligible enrollees.	
Total number of employees working full time:	
Average number of employees working 30 hours or more during the past 12 months:	

Waiting period (please check below). *Per ACA requirements, any waiting period cannot exceed 90 days.

First of month following date of hire First of month following 30 days First of month following 60 days

Do you have an additional Orientation Period of a Standard Measurement Period as defined by the ACA? If so, please provide supporting documentation as defined on your SPD (Summary Plan Description).

Yes (Please attach employee manual with 30-day orientation period, and 60-day standard measuring period.)
 No

Signature

Date