

- What is the go live date for COBRA?
- Will you or the client be billed?
- Who is the COBRA/HR contact at the Group, please supply e-mail, name and phone?
- Who should receive the COBRA Disbursements E-check if choosing the default method of disbursement?
- Who should receive notification of COBRA Adds and Terms?
- Is this group subject to Federal COBRA law (over 20 employees) or only State Continuation law (under 20 employees) *If uncertain, confirm with insurance carrier*
- Who needs a log-in to the COBRA system? (Please include full names and email addresses- Broker? Client?)
- How many ACTIVE employees are currently enrolled on a COBRA-eligible benefit (Medical/Dental/vision)? (BBP bills monthly: **Per Employee Per Month**)
- Are there any current COBRA participants or notified COBRA Eligible participants still in their 60 day election period? If so, we need this form completed for each participant so that we can take over administering COBRA: Complete the "COBRA_Census" TAB on the COBRA Implementation Workbook [COBRA - Implementation & Change Workbook](#)
- **Full COBRA Implementation Workbook** - [COBRA - Implementation & Change Workbook](#) -only complete if information is different from Employee Navigator
- Should BBP Admin be processing the COBRA enrollments & and COBRA terminations directly with Insurance carriers? If so, please complete carrier contact information below and ensure that BBP Admin is listed as the group's COBRA TPA. If needed please use our template letter here: [COBRA - Insurance Contact Employer Worksheet/TPA Letter](#)
- If not please provide name/email address of whom at the broker or employer to notify to process.

IMPORTANT: In order to reinstate and term COBRA participants, we need the carrier contact information completed below:

Carrier #1	
Type of Coverage	
Carrier Name	
Group #	
Contact Name	
Phone	
Email Address	
Carrier #2	
Type of Coverage	
Carrier Name	

Group #	
Contact Name	
Phone	
Email Address	
Carrier #3	
Type of Coverage	
Carrier Name	
Group #	
Contact Name	
Phone	
Email Address	
Carrier #4	
Type of Coverage	
Carrier Name	
Group #	
Contact Name	
Phone	
Email Address	

Also, please be sure and have your client view our COBRA Terms of Service: [COBRA TOS](#)

Lastly, have your client consider setting up direct deposit with us — direct deposit allows us to disburse COBRA payments more quickly and securely: [Direct Deposit Form](#)