

# COBRA / HIPAA Group Checklist



Name of Company: \_\_\_\_\_

COBRA/HIPAA Form

Client Data Form

List of All active employees, including SSN, Address and Dependent Information  
(Excel spreadsheet for import is preferred or additional charges may apply)

List of all current COBRA participants with the following information included

- SSN
- Address
- Date of termination
- COBRA start date
- Current COBRA coverages
- Do ARRA rates apply for participant
- COBRA paid-through date

List of all Qualified Beneficiaries with the following information included

- SSN
- Address
- Date of termination
- Date of original COBRA notice
- Active coverages at time of termination

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