



Small Group Business COBRA/CAL.COBRA Questionnaire

(For use in California only)

This form must be completed when replacing another group plan.

Does your group currently qualify for (choose one): COBRA Cal. COBRA

I. COBRA/Cal.COBRA Continuees – Complete for each employee currently on COBRA or Cal.COBRA

Name	Date of Birth	Social Security Number	Date of Qualifying Event	Qualifying Event	
1.					<input type="checkbox"/> COBRA <input type="checkbox"/> Cal.COBRA
2.					<input type="checkbox"/> COBRA <input type="checkbox"/> Cal.COBRA
3.					<input type="checkbox"/> COBRA <input type="checkbox"/> Cal.COBRA
4.					<input type="checkbox"/> COBRA <input type="checkbox"/> Cal.COBRA

II. Terminated Employees – Complete for each employee terminated in the last 90 (COBRA) or 60 days (Cal.COBRA)

1. Name	Date of Termination	Social Security Number
To the best of your knowledge, will this employee/dependent(s) exercise their COBRA /Cal.COBRA Option? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the employee/dependent presently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the disabling condition? _____		
2. Name	Date of Termination	Social Security Number
To the best of your knowledge, will this employee/dependent(s) exercise their COBRA /Cal.COBRA Option? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the employee/dependent presently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the disabling condition? _____		
3. Name	Date of Termination	Social Security Number
To the best of your knowledge, will this employee/dependent(s) exercise their COBRA /Cal.COBRA Option? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the employee/dependent presently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the disabling condition? _____		
4. Name	Date of Termination	Social Security Number
To the best of your knowledge, will this employee/dependent(s) exercise their COBRA /Cal.COBRA Option? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, is the employee/dependent presently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is the disabling condition? _____		

III. Misrepresentation

Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree

Employer Signature	Title	Date
Company Name		