

# PayTime

## Benefits

### COBRA Setup Info

Company Name			
Administrative Contact			
Title			
E-mail			
Phone			
Plan Year for each plan that will be offered under COBRA			
Waiting period for new employees	Are Retiree Benefits an option?	Age dependents lose coverage	Age if full time student

### Insurance Company info

Name
Address
City, State, Zip
Phone
Contact
Type of insurance
<b>Name</b>
<b>Address</b>
<b>City, State, Zip</b>
<b>Phone</b>
<b>Contact</b>
<b>Type of insurance</b>
<b>Name</b>
<b>Address</b>
<b>City, State, Zip</b>
<b>Phone</b>
<b>Contact</b>
<b>Type of insurance</b>

### Current COBRA Participants

*Also needed – A list of all COBRA qualifiers, by Name and address, for the previous 60 days so they can be notified that DPS is the new administrator. COPY Sheet if more needed.*

Name		
Address		
City, State, Zip		
Date of birth	SSN	
COBRA event date	COBRA Event	
On Medicare?	Hire Date	COBRA Paid Thru
Dependents?		
Name, relationship		
Date of birth	SSN	
Name, relationship		
Date of birth	SSN	
Name, relationship		
Date of birth	SSN	

Name		
Address		
City, State, Zip		
Date of birth	SSN	
COBRA event date	COBRA Event	
On Medicare?	Hire Date	COBRA Paid Thru
Dependents?		
Name, relationship		
Date of birth	SSN	
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