



# 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): <input type="checkbox"/> COBRA <input type="checkbox"/> Cal-COBRA
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**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)**

<b>1. Name</b>	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 answered "Yes" to the above question, is the employee/dependent currently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. Name</b>	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 answered "Yes" to the above question, is the employee/dependent currently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>3. Name</b>	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 answered "Yes" to the above question, is the employee/dependent currently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4. Name</b>	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 answered "Yes" to the above question, is the employee/dependent currently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**III. Misrepresentation**

<b>Attention California Residents: For your protection, California law requires notice of the following to appear on this form:</b> Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.		
Employer Signature	Title	Date
Company Name		