



# Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## COBRA Qualification Worksheet

Group Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Group Number: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Preceding Year

### Current Year

	Full Time	Part Time *	Total	20+	Full Time	Part Time *	Total	20+
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
	Months with 20+ Employees				Months with 20+ Employees			
	Qualifications Met				Qualifications Met			

1. Enter the number of full time and part time employees that worked at least 50% of the business days. Include owners, officers and seasonal.
2. Enter the number of "full time" and the "part time" employees and enter on the "Total" line for each month.
3. If the total number of employees is 20+, mark an X on the "20+" determination line.
4. Count the number of months that meet the minimum requirements (count the number of X's). Enter in "Months with 20+ Employees".
5. If the total number of months is 6 or more, requirements are met for participation in COBRA. Mark YES or NO in Qualifications Met.
6. In the event an employer does not qualify for COBRA, the employer is obligated to inform employees. In Oregon, failure to meet COBRA requirements qualify the employer to participate in Oregon Continuation. Oregon employers are obligated to inform employees as participation in the two regulations changes.

\* 1 Full Time Employee = 1 FTE

1 Part Time Employee = a fraction of 1 FTE

\*\* 10 hours per week = 1/4 FTE

20 hours per week = 1/2 FTE

30 hours per week = 3/4 FTE\*\*