





## COBRA Qualifying Events and Examples

The following chart and examples use the assumption that the employer is a covered employer subject to federal COBRA law. The information below does not represent all possible COBRA scenarios, but it does cover common ones. See the <u>COBRA Continuation Toolkit</u> for more information.

EVENT TYPE	ELIGIBLE INDIVIDUALS	MAXIMUM DURATION
Employee's hours are reduced below plan's rules for eligibility (e.g., under 30)	Employee, spouse, and child(ren)	18 months
Employee retires, resigns, or is terminated from employment	Employee, spouse, and child(ren)	18 months
Employee enrolls in Medicare and, as a result, their spouse and child(ren) involuntarily lose coverage*	Spouse and child(ren)	36 months
Employee gets divorced	Spouse and child(ren)	36 months
Employee dies	Spouse and child(ren)	36 months
Employee's child ceases to be an eligible dependent	Child(ren)	36 months
A former employee and current COBRA participant (with 18 months COBRA) is deemed disabled by Social Security Administration	Employee, spouse, and child(ren)	29 months (original 18 plus an additional 11 months)
A former employee and current and deemed disabled COBRA participant (with 29 months of COBRA) gets divorced	Spouse and child(ren)	36 months (original 29 plus 7 months)
A former employee and current COBRA participant's (with 18 months of COBRA) child ceases to be an eligible dependent	Child(ren)	36 months (original 18 plus an additional 18 months)
A former employee and current disabled COBRA participant's (with 29 months of COBRA) child ceases to be an eligible dependent	Child(ren)	36 months (original 29 months for disability plus 7 months for the child)
A former employee and current COBRA participant (in 18-month COBRA) enrolls in Medicare*	Spouse and child(ren)	36 months beginning from the date the original COBRA coverage began
A former employee and current COBRA participant (in 18-month COBRA) dies	Spouse and child(ren)	36 months (original 18 plus an additional 18 months)

<sup>\*</sup> Assumption is that the employer in question is not a primary payer for Medicare purposes.

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The following scenarios represent common and challenging situations that employers must administer properly.

SCENARIO	RESULT	SECOND QUALIFYING EVENT	SECONDARY RESULT
An enrolled employee decides to reduce their work hours by half to work only part-time hours (15 hours per workweek). The employer requires 30 hours per week for benefits eligibility.	The employee, their eligible spouse, and child(ren) are eligible for up to 18 months of COBRA continuation.	After six months of COBRA coverage, the employee dies.	The spouse and child(ren) experience a second qualifying event due to the death of the employee while under an 18-month COBRA continuation period. The spouse and child(ren) are eligible for an extension of an additional 30 months for a total of up to 36 months from the original COBRA start date.
An enrolled employee with family coverage quits their job or is terminated for any reason (excluding gross misconduct).	The employee, their eligible spouse, and child(ren) are eligible for up to 18 months of COBRA continuation.	The employee, their spouse, and child(ren) enroll in COBRA. Then, in the eighth month of COBRA continuation, the employee and their spouse get divorced.	The employee's COBRA remains unchanged at 18 months. Their spouse and child(ren) receive an extension of 18 additional months, for a total of 36 months of COBRA from the original COBRA start date.
An enrolled employee's child reaches age 26 and is determined by the plan to no longer be an eligible dependent.	The child is eligible for up to 36 months of COBRA continuation.	After the dependent became ineligible and enrolled in COBRA continuation, the enrolled employee retires.	The employee and spouse are eligible for up to 18 months of COBRA continuation. The child who previously lost eligibility has their original 36 months of COBRA unchanged.
An employee and their spouse are enrolled in coverage. The employee reaches age 65 and continues to work full time and chooses to enroll in Medicare Parts A and B. The employee remains covered under their employer's plan. The employer's plan provides primary coverage and Medicare provides secondary coverage.	No COBRA action is needed because there has been no loss of coverage.	The employee decides to retire (nine months later).	The employee's spouse is eligible for up to 36 total months of COBRA continuation.
An enrolled employee is terminated from employment.	The employee, their spouse, and child(ren) are eligible for up to 18 months of COBRA continuation.	While enrolled in COBRA, the employee receives a disability determination from the Social Security Administration. Within 30 days after receiving the determination, the employee notifies their previous employer and provides a copy of the determination letter.	All qualified beneficiaries receive an 11-month disability extension for a total of 29 months from the original COBRA start date.

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SCENARIO	RESULT	SECOND QUALIFYING EVENT	SECONDARY RESULT
An employee has a reduction of hours and loses benefits eligibility.	The employee, their spouse, and child(ren) are eligible for up to 18 months of COBRA continuation.	The employee enrolled in COBRA and then is terminated from employment.	The employee, spouse, and child(ren) do not receive an extension but may continue with their original 18 months of COBRA continuation.
A terminated employee, currently receiving 18 months of COBRA, is rehired by their previous employer.	The employee is offered active employee coverage based on the terms of the plan document. The employee enrolls in active coverage.	The rehired employee is terminated.	The terminated employee is offered a new COBRA continuation period for 18 months.

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