

# COBRA FILE IMPORTS KEY

Use this key to help you complete your **COBRA Qualified Beneficiary spreadsheet**.



Required Field



Conditionally  
Required Field



Optional Field

## SPREADSHEET TABS

<b>Instructions</b>	This tab contains instructions to assist you with the completion of the document.
<b>QB</b>	Required — Contains basic information on the member.
<b>Plans</b>	Required — Specific plan information is entered.
<b>Dependents</b>	Required — Contains basic information about the dependents.
<b>Dependent Plan</b>	Required — Specific plan information for the dependents is entered.
<b>Subsidy Schedule</b>	Conditionally required — Use to add a subsidy to the participant's account.
<b>State</b>	Conditionally required — Use if a state insert is needed.
<b>Disability Extension</b>	Conditionally required — Use only if the participant has a Social Security Disability Extension (SSDE).
<b>Notes</b>	Optional.

## QB TAB

<b>Column A: Client Name</b>	Required — Enter the name of the company as it appears in the Mercer Marketplace system.
<b>Column B: Client Division Name</b>	Required — If the client has a category built in the system to distribute its participants, please enter the name of the category that the participant belongs to. You may only have one division.
<b>Column C: QB SSN</b>	Required — Enter the corresponding social security number without dashes.
<b>Column D: Salutation</b>	Not needed — Optional field.
<b>Column E: First Name</b>	Required — Please enter the participant's name.
<b>Column F: Middle Name</b>	Not needed — Optional field.
<b>Column G: Last Name</b>	Required — Please enter the participant's last name.
<b>Column H: Individual Identifier</b>	Not needed — Optional field.
<b>Column I: Address 1</b>	Required — Enter the participant's address.
<b>Column J: Address 2</b>	Not needed — Optional field.
<b>Column K: City</b>	Required — Enter the name of the city or town the participant resides in.
<b>Column L: State or Province</b>	Required — Enter the state abbreviation where the participant resides.
<b>Column M: Postal Code</b>	Required — Enter the corresponding zip code.
<b>Column N: Country</b>	Not needed — Optional field.
<b>Column O: Phone</b>	Not needed — Optional field.

## COBRA File Imports Key, continued

<b>Column P: Phone 2</b>	Not needed — Optional field.
<b>Column Q: Email</b>	Not needed — Optional field.
<b>Column R: Sex</b>	Required.
<b>Column S: DOB</b>	Required — Enter the participant's date of birth.
<b>Column T: Tobacco Use</b>	Required — Please choose from the drop-down menu.
<b>Column U: Employee Type</b>	Required — Please choose from the drop-down menu.
<b>Column V: Employee Payroll Type</b>	Required — Please choose from the drop-down menu.
<b>Column W: Years of Service</b>	Not needed — Optional field.
<b>Column X: Premium Coupon Type</b>	Required — Please choose coupon book.
<b>Column Y: Uses HCTC</b>	Not needed — Optional field.
<b>Column Z: Benefit Group</b>	Not needed — Optional field.
<b>Column AA: Account Structure</b>	Not needed — Optional field.
<b>Column AB: Client Custom Data</b>	Not needed — Optional field.
<b>Column AC: Event Type</b>	Required — Please select an option from the drop-down menu.
<b>Column AD: Employee Name</b>	Conditionally required — Must be completed only if the event type selected is a dependent event (e.g. divorce or legal separation, death, ineligible dependent). Please enter the name of the employee who was covering the COBRA participant prior to the qualifying event taking place.
<b>Column AE: Employee SSN</b>	Conditionally required — Must be completed only if the event type selected is a dependent event (e.g. divorce or legal separation, death, ineligible dependent). Please enter the social security number of the employee who was covering the COBRA participant prior to the qualifying event taking place.
<b>Column AF: Qualifying Event Date</b>	Required — Enter the date of the qualifying event.
<b>Column AG: Enrollment Date</b>	Required — Enter the date of hire or first day of benefits/new plan year of benefits.
<b>Column AH: Is Legacy</b>	Conditionally required — For continuants, please select an option from the dropdown menu. Enter True if the participant is currently enrolled in COBRA.
<b>Column AI: Specific Rights Notification Printed Date</b>	Conditionally required — Enter the date the notice was printed or postmarked.
<b>Column AJ: Postmark Date of Election</b>	Conditionally required — Please enter the date the election was made.
<b>Column AK: Next Premium Owed Month</b>	Conditionally required — Enter the month of the next premium payment that is owed by the participant.
<b>Column AL: Next Premium Owed Year</b>	Conditionally required — Enter the year of the next premium payment that is owed by the participant. This cannot be before the effective date with Mercer Marketplace.
<b>Column AM: Send Takeover Letter</b>	Conditionally required — This letter is sent to continuants to notify them of the change to Mercer Marketplace.
<b>Column AN: Is Conversion Letter Sent</b>	Conditionally required — A conversion letter is sent to a participant 180 days prior to their coverage ending. Select an option from the drop-down menu.
<b>Column AO: Is Second Event</b>	Conditionally required — Select an option from the drop-down menu. If the participant experienced a second qualifying event after enrolling in COBRA, please select True.
<b>Column AP: Second Event Original FDOC</b>	Conditionally required.
<b>Column AQ: Is Disability Approved</b>	Conditionally required — First Day of COBRA. Select an option from the drop-down menu. If the participant applied for the Social Security Disability Extension (SSDE) and it was approved, please select True.
<b>Column AR: Disability Extension Postmark Date</b>	Conditionally required — Enter the date the application was sent or postmarked.

## COBRA File Imports Key, continued

<b>Column AS: Disability Extension Disabled Date</b>	Conditionally required — Enter the date when the participant was deemed disabled.
<b>Column AT: Allow Member SSO</b>	Not needed — Optional field.
<b>PLANS TAB</b>	
<b>Column A: QB SSN</b>	Required — Enter the corresponding social security number without dashes.
<b>Column B: Plan Name</b>	Required — Enter plan name as it appears in the Mercer Marketplace system.
<b>Column C: Plan Bundle Name</b>	Conditionally required — Enter bundle name if plan is bundled. (Instead of option B.)
<b>Column D: Coverage Level</b>	Required — Choose from drop-down menu.
<b>Column E: Start Date</b>	Required — Enter when the QB will begin coverage with Mercer Marketplace on the plan.
<b>Column F: First Day of COBRA</b>	Not needed — Optional field. System calculates.
<b>Column G: Last Day of COBRA</b>	Not needed — Optional field. System calculates.
<b>Column H: COBRA Duration Month</b>	Not needed — Optional field. System calculates.
<b>Column I: Days to Elect</b>	Not needed — Optional field. System calculates.
<b>Column J: Days to Make First Payment</b>	Not needed — Optional field. System calculates.
<b>Column K: Days to Make Subsequent Payments</b>	Not needed — Optional field. System calculates.
<b>Column L: Number of Units</b>	Conditionally required — If there are life insurance plans.
<b>DEPENDENTS TAB</b>	
<b>Column A: Dependent #</b>	Required — Please assign the dependent a unique number.
<b>Column B: QB SSN</b>	Required — Enter the corresponding social security number without dashes.
<b>Column C: Dependent SSN</b>	Required — Enter dependent social security number without dashes.
<b>Column D: Relationship</b>	Required — Select from drop-down menu.
<b>Column E: Salutation</b>	Not needed — Optional field.
<b>Column F: First Name</b>	Required — Please enter the dependent's first name.
<b>Column G: Middle Name</b>	Not needed — Optional field.
<b>Column H: Last Name</b>	Required — Please enter the dependent's last name.
<b>Column I: Email</b>	Not needed — Optional field.
<b>Column J: Phone</b>	Not needed — Optional field.
<b>Column K: Phone 2</b>	Not needed — Optional field.
<b>Column L: Address Same as QB</b>	Not needed — Optional field.
<b>Column M: Address 1</b>	Not needed — Optional field.
<b>Column N: Address 2</b>	Not needed — Optional field.
<b>Column O: City</b>	Not needed — Optional field.
<b>Column P: State or Province</b>	Not needed — Optional field.
<b>Column Q: Postal Code</b>	Not needed — Optional field.
<b>Column R: Country</b>	Not needed — Optional field.
<b>Column S: Enrollment Date</b>	Not needed — Optional field.
<b>Column T: Sex</b>	Required.
<b>Column U: DOB</b>	Required.
<b>Column V: IsQMSCO</b>	Not needed — Optional field.
<b>Column W: Plan Name</b>	Required — Enter one of the plan names as it appears in the Mercer Marketplace system.
<b>Column X: Plan Bundle Name</b>	Conditionally required — Enter bundle name if plan is bundled. (Instead of option B.)

## COBRA File Imports Key, continued

<b>Column Y: Start Date</b>	Required — Enter when the QB will begin coverage on this plan.
<b>DEPENDENT PLAN TAB</b>	
<b>Note: If the dependent is offered more than one plan, list additional plans on this tab.</b>	
<b>Column A: Dependent #</b>	Required — Please transfer the unique number assigned to the dependent on the previous tab.
<b>Column B: Dependent SSN</b>	Required — Enter the corresponding social security number without dashes.
<b>Column C: Plan Name</b>	Required — Enter the remaining plan names as they appear in the Mercer Marketplace system.
<b>Column D: Plan Bundle Name</b>	Conditionally required — Enter bundle name if plan is bundled. (Instead of option B.)
<b>Column E: Start Date</b>	Required — When the QB will begin coverage on this plan.
<b>SUBSIDY SCHEDULE TAB (Only required if there is a subsidy)</b>	
<b>Column A: QB SSN</b>	Required — Enter the corresponding social security number without dashes.
<b>Column B: Start Date</b>	Required — Enter the date subsidy is to begin.
<b>Column C: End Date</b>	Required — Enter the date subsidy is to end.
<b>Column D: Subsidy Amount Tab</b>	Required — Enter flat rate or percentage.
<b>Column E: Amount</b>	Required.
<b>Column F: Insurance Type</b>	Required — Enter type of plan for subsidy.
<b>STATE TAB</b>	
<b>Column A: QB SSN</b>	Conditionally required — Enter the corresponding social security number without dashes if the participant needs a state specific insert.
<b>Column B:</b>	Conditionally required.
<b>Column C:</b>	Conditionally required.
<b>Column D:</b>	Conditionally required.
<b>Column E:</b>	Conditionally required.
<b>Column F:</b>	Conditionally required.
<b>Column G:</b>	Conditionally required.
<b>Column H:</b>	Conditionally required.
<b>Column I:</b>	Conditionally required.
<b>Column J:</b>	Conditionally required.
<b>Column K:</b>	Conditionally required.
<b>Column L:</b>	Conditionally required.
<b>Column M:</b>	Conditionally required.
<b>DISABILITY EXTENSION TAB (Only required if the participant has a SSDE)</b>	
<b>Column A: QB SSN</b>	Required — Enter the corresponding social security number without dashes.
<b>Column B: Disability Approved</b>	Required — Enter T or F.
<b>Column C: Postmark of Disability Extension</b>	Required — Enter the date the disability letter was sent.
<b>Column D: Date Disabled</b>	Required — Enter the disability date.
<b>Column E: Denial Reason</b>	Not needed — Optional field.