

# CURRENT CONTINUANT INSTRUCTIONS

Use this key to help you complete the Current Continuant spreadsheet. Please note: Copying and pasting data from other sources is not recommended as it may cause issues with the previously established validation processes within the template.



Required Field



Conditionally  
Required Field



Optional Field

## QB TAB

<b>Column A: Client Name</b>	Required — Please enter the complete name of the company. Please avoid abbreviations.
<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. Please avoid abbreviations.
<b>Column C: QB SSN</b>	Required — Enter the corresponding social security number. Dashes or spaces are not needed.
<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. Please note there is a 50 character limit. If more space is needed, please use the Address 2 column.
<b>Column J: Address 2</b>	Not needed — Optional field. Use this field to enter the continuation of Address 1, apartment or suite number.
<b>Column K: City</b>	Required — Enter the name of the city or town where the participant resides.
<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. Dashes or spaces are not needed.
<b>Column P: Phone 2</b>	Not needed — Optional field. Dashes or spaces are not needed.
<b>Column Q: Email</b>	Not needed — Optional field.
<b>Column R: Sex</b>	Required — Enter an F for female and an M for male, accordingly.
<b>Column S: DOB</b>	Required — Enter the participant's date of birth in the following format: MM/DD/YYYY.
<b>Column T: Tobacco Use</b>	Not needed — Optional field. If needed, please choose from the drop-down menu.
<b>Column U: Employee Type</b>	Not needed — Optional field. If needed, please choose from the drop-down menu.

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<b>Column V: Employee Payroll Type</b>	Not needed — Optional field. If needed, 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>	Not needed — Optional field. If needed, please choose from the drop-down menu.
<b>Column Y: Uses HCTC</b>	Not needed — Optional field. If needed, please choose from the drop-down menu. If a tax credit was given to the COBRA participant, select True.
<b>Column Z: Benefit Group</b>	Not needed — Please leave blank.
<b>Column AA: Account Structure</b>	Not needed — Please leave blank.
<b>Column AB: Client Custom Data</b>	Not needed — Please leave blank.
<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. Please enter in the following format: MM/DD/YYYY. If this information is not available, please default this column to a date prior to the date entered in column AF.
<b>Column AH: Is Legacy</b>	Required — Please select an option from the drop-down menu. Enter True if the participant is currently enrolled in COBRA. Enter False if the participant is in their 60 day election period (pending member).
<b>Column AI: Specific Rights Notification Printed Date</b>	Required — Enter the date the notice was printed or postmarked.
<b>Column AJ: Postmark Date of Election</b>	Conditionally required if 'True' was entered in column AH — If the participant elected, please enter the date the election was made.
<b>Column AK: Next Premium Owed Month</b>	Conditionally required if 'True' was entered in column AH— Enter the month of the next premium payment that is owed by the participant. Please enter the number corresponding to the month (e.g. 1=January, 3=March, etc.).
<b>Column AL: Next Premium Owed Year</b>	Conditionally required if 'True' was entered in column AH— Enter the year of the next premium payment that is owed by the participant.
<b>Column AM: Send Takeover Letter</b>	Not needed — Please default to False.
<b>Column AN: Is Conversion Letter Sent</b>	Conditionally required if 'True' was entered in column AH— Select an option from the drop-down menu. A conversion letter is sent to a participant 180 days prior to their coverage ending.
<b>Column AO: Is Second Event</b>	Conditionally required if 'True' was entered in column AH— 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 if 'True' was entered in column AO— If so, enter the original First Day of COBRA (FDOC).
<b>Column AQ: Is Disability Approved</b>	Conditionally required if 'True' was entered in column AH— 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. If extension was not approved or applied for, please enter False.
<b>Column AR: Disability Extension Postmark Date</b>	Conditionally required if 'True' was entered in column AQ— Enter the date the application was sent or postmarked.

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<b>Column AS: Disability Extension Disabled Date</b>	Conditionally required — Enter the date when the participant was deemed disabled by the Social Security Administration.
<b>Column AT: Allow Member SSO</b>	Not needed — Optional field.
<b>Column AU: Eligibility Selection</b>	Required — Please refer to your Mercer Marketplace configuration for applicable eligibility drivers and value information. Starting with column AU, a value must be given to every COBRA member for each eligibility driver built within the Mercer Marketplace platform. Only values included within the Mercer platform can be accepted.
<b>PLANS TAB</b>	
<b>Column A: QB SSN</b>	Required — Enter the COBRA member's social security number just like it appears in Column C of the QB tab.
<b>Column F: First Day of COBRA</b>	Required — This column refers to the member's First Day of COBRA.
<b>Note:</b> No other columns are needed in this tab.	