

COBRA Continuation Form



Instructions: Use this form to update the plan year of a Healthcare or Limited-Purpose Flexible Spending Account or a Health Reimbursement Arrangement when a COBRA beneficiary elects to continue coverage through a COBRA election.

Submit this completed form each month the account(s) have been extended due to COBRA Continuation via email to COBRA@hsabank.com.

Step 1: Provide Employer Information

Employer name as listed on file with HSA Bank: (Do not list division name):
Name of submitter:

Step 2: Provide Employee Information

Employee name:	Employee SSN:
COBRA begin date: (First date employees should be listed in COBRA status at HSA Bank)	COBRA end date: (Last date employee should be listed in COBRA status at HSA Bank)

Step 3: Complete Plan Information

Plan type: Please select plan from dropdown list or type other choice:	Plan year:
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Step 4: Indicate Applicable COBRA Premium Updates

Should HSA Bank apply the premium listed below as a contribution to the employee's plan: Yes ☐ No ☐	
*Monthly HRA COBRA Premium Amount, if applicable:	** Apply HRA COBRA Premium Amount to the following month:

* Box must be filled with dollar amount or N/A if not applicable.

**Box must indicate N/A if premium will not be applied.