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

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

QB TAB

Column A: Client Name	Required — Enter the name of the company as it appears in the Mercer Marketplace system.
Column B: Client Division Name	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.
Column C: QB SSN	Required — Enter the corresponding social security number without dashes.
Column D: Salutation	Not needed — Optional field.
Column E: First Name	Required — Please enter the participant's name.
Column F: Middle Name	Not needed — Optional field.
Column G: Last Name	Required — Please enter the participant's last name.
Column H: Individual Identifier	Not needed — Optional field.
Column I: Address I	Required — Enter the participant's address.
Column J: Address 2	Not needed — Optional field.
Column K: City	Required — Enter the name of the city or town the participant resides in.
Column L: State or Province	Required — Enter the state abbreviation where the participant resides.
Column M: Postal Code	Required — Enter the corresponding zip code.
Column N: Country	Not needed — Optional field.
Column O: Phone	Not needed — Optional field.

COBRA File Imports Key, continued

Column P: Phone 2	Not needed — Optional field.
Column Q: Email	Not needed — Optional field.
Column R: Sex	Required.
Column S: DOB	Required — Enter the participant's date of birth.
Column T: Tobacco Use	Required — Please choose from the drop-down menu.
Column U: Employee Type	Required — Please choose from the drop-down menu.
Column V: Employee Payroll Type	Required — Please choose from the drop-down menu.
Column W: Years of Service	Not needed — Optional field.
Column X: Premium Coupon Type	Required — Please choose coupon book.
Column Y: Uses HCTC	Not needed — Optional field.
Column Z: Benefit Group	Not needed — Optional field.
Column AA: Account Structure	Not needed — Optional field.
Column AB: Client Custom Data	Not needed — Optional field.
Column AC: Event Type	Required — Please select an option from the drop-down menu.
Column AD: Employee Name	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.
Column AE: Employee SSN	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.
Column AF: Qualifying Event Date	Required — Enter the date of the qualifying event.
Column AG: Enrollment Date	Required — Enter the date of hire or first day of benefits/new plan year of benefits.
Column AH: Is Legacy	Conditionally required — For continuants, please select an option from the dropdown menu. Enter True if the participant is currently enrolled in COBRA.
Column AI: Specific Rights Notification Printed Date	Conditionally required — Enter the date the notice was printed or postmarked.
Column AJ: Postmark Date of Election	Conditionally required — Please enter the date the election was made.
Column AK: Next Premium Owed Month	Conditionally required — Enter the month of the next premium payment that is owed by the participant.
Column AL: Next Premium Owed Year	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.
Column AM: Send Takeover Letter	Conditionally required — This letter is sent to continuants to notify them of the change to Mercer Marketplace.
Column AN: Is Conversion Letter Sent	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.
Column AO: Is Second Event	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.
Column AP: Second Event Original FDOC	Conditionally required.
Column AQ: Is Disability Approved	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.
Column AR: Disability Extension Postmark Date	Conditionally required — Enter the date the application was sent or postmarked.

COBRA File Imports Key, continued

Column AS: Disability Extension Disabled Date	Conditionally required — Enter the date when the participant was deemed disabled.
Column AT: Allow Member SSO	Not needed — Optional field.
Column AU-AZ	Required - Add the Eligibility Driver headings and Valid Eligibility Values. This is used for tracking when offering OE.
PLANS TAB	
Column A: QB SSN	Required — Enter the corresponding social security number without dashes.
Column B: Plan Name	Required — Enter plan name as it appears in the Mercer Marketplace system.
Column C: Plan Bundle Name	Conditionally required — Enter bundle name if plan is bundled. (Instead of option B.)
Column D: Coverage Level	Required —Choose from drop-down menu.
Column E: Start Date	Required — Enter when the QB will begin coverage with Mercer Marketplace on the plan.
Column F: First Day of COBRA	Not needed — Optional field. System calculates.
Column G: Last Day of COBRA	Not needed — Optional field. System calculates.
Column H: COBRA Duration Month	Not needed — Optional field. System calculates.
Column I: Days to Elect	Not needed — Optional field. System calculates.
Column J: Days to Make First Payment	Not needed — Optional field. System calculates.
Column K: Days to Make Subsequent Payments	Not needed — Optional field. System calculates.
Column L: Number of Units	Conditionally required — If there are life insurance plans.
Member Specific Rate (Only required if rates are member specific)	
Column A: QB SSN	Required — Enter the corresponding primary QB's social security number withoutdashes.
Column B: Plan Name	Enter the plan name as it appears in WEX Health Inc's system.
Column C: Plan Start Date	Required — Enter the date COBRA will start.
Column D: Rate Start Date	Required — The date WEX Health Inc will begin collecting premiums for the QB.
Column E: End Date	Not Needed — Optional field.
Column F: Rate	Required — Please enter the member specific rate without the 2%.
DEPENDENTS TAB	
Column A: Dependent #	Required — Please assign the dependent a unique number.
Column B: QB SSN	Required — Enter the corresponding social security number without dashes.
Column C: Dependent SSN	Required — Enter dependent social security number without dashes.
Column D: Relationship	Required — Select from drop-down menu.
Column E: Salutation	Not needed — Optional field.
Column F: First Name	Required — Please enter the dependent's first name.
Column G: Middle Name	Not needed — Optional field.
Column H: Last Name	Required — Please enter the dependent's last name.
Column I: Email	Not needed — Optional field.
Column J: Phone	Not needed — Optional field.
Column K: Phone 2	Not needed — Optional field.
Column L: Address Same as QB	Not needed — Optional field.
Column M: Address I	Not needed — Optional field.
Column N: Address 2	Not needed — Optional field.
Column O: City	Not needed — Optional field.

COBRA File Imports Key, continued

Column P: State or Province	Not needed — Optional field.
Column Q: Postal Code	Not needed — Optional field.
Column R: Country	Not needed — Optional field.
Column S: Enrollment Date	Not needed — Optional field.
Column T: Sex	Required.
Column U: DOB	Required.
Column V: IsQMSCO	Not needed — Optional field.
Column W: Plan Name	Required — Enter one of the plan names as it appears in the Mercer Marketplace system.
Column X: Plan Bundle Name	Conditionally required — Enter bundle name if plan is bundled. (Instead of option B.)
Column Y: Start Date	Required — Enter when the QB will begin coverage on this plan.

DEPENDENT PLAN TAB
Note: If the dependent is offered more than one plan, list additional plans on this tab.

Column A: Dependent #	Required — Please transfer the unique number assigned to the dependent on the previous tab.
Column B: Dependent SSN	Required — Enter the corresponding social security number without dashes.
Column C: Plan Name	Required — Enter the remaining plan names as they appear in the Mercer Marketplace system.
Column D: Plan Bundle Name	Conditionally required — Enter bundle name if plan is bundled. (Instead of option B.)
Column E: Start Date	Required — When the QB will begin coverage on this plan.

SUBSIDY SCHEDULE TAB (Only required if there is a subsidy)

Column A: QB SSN	Required — Enter the corresponding social security number without dashes.
Column B: Start Date	Required — Enter the date subsidy is to begin.
Column C: End Date	Required — Enter the date subsidy is to end.
Column D: Subsidy Amount Tab	Required — Enter flat rate or percentage.
Column E: Amount	Required.
Column F: Insurance Type	Required — Enter type of plan for subsidy.

STATE TAB

Column A: QB SSN	Conditionally required — Enter the corresponding social security number without dashes if the participant needs a state specific insert.
Column B:	Conditionally required.
Column C:	Conditionally required.
Column D:	Conditionally required.
Column E:	Conditionally required.
Column F:	Conditionally required.
Column G:	Conditionally required.
Column H:	Conditionally required.
Column I:	Conditionally required.
Column J:	Conditionally required.
Column K:	Conditionally required.
Column L:	Conditionally required.
Column M:	Conditionally required.

COBRA File Imports Key, continued

DISABILITY EXTENSION TAB (Only required if the participant has a SSDE)	
Column A: QB SSN	Required — Enter the corresponding social security number without dashes.
Column B: Disability Approved	Required — Enter T or F.
Column C: Postmark of Disability Extension	Required — Enter the date the disability letter was sent.
Column D: Date Disabled	Required — Enter the disability date.
Column E: Denial Reason	Not needed — Optional field.