

State Cobra Roster for Employers Form

In accordance with the New York State Continuation of Coverage benefits legislation, the following is a list of Qualified Individuals that meet the following criteria for the premium subsidy:

- The Qualified Individual was and employee who was involuntarily terminated.
- For the full subsidy - the Qualified Individuals modified adjusted gross income does not exceed \$125,000 and a couple's annual salary does not exceed \$250,000.
- A reduced subsidy is available if the Qualified Individual's modified adjusted gross income is between \$125,000 and \$145,000 (\$250,000 and \$290,000 for joint filers).
- The Qualified Individual isn't eligible for coverage under any other group health plan (other than health flexible spending account, health reimbursement account, on-site clinic, or certain limited scope coverage) or Medicare.

	Fname	Lname	Address	City	State	Zip	Term Date	Subsidy (Reduced or Full)
1								
2								
3								
4								
5								

I certify that the information submitted in this form is accurate and that all individuals meet the criteria set forth above.

Print Name

Title

Signature

Company Name

Date

