Sample COBRA Report

Participant	SS	Address	City	State	Zip	Benefit Description	Coverage
Day, Jane	000-18-1913	12345 5th	Mill Creek	WA	98012	Medical Plan	Employee (
Doe, Jane	000-06-3543	1234 5TH PL	BOTHELL	WA	98011	Medical Plan	Employee (
Doe, Jane	000-06-3543	1234 5TH PL	BOTHELL	WA	98011	Dental Plan	Employee (
Doe, John	000-80-6426	4567 Main	Everett	WA	98208	Medical HSA Plan	Employee -
Smith, Sam	000-44-5291	1234 5TH AVE	SEATTLE	WA	98111	Medical Plan	Employee (
Smith, Sam	000-44-5291	1234 5TH AVE	SEATTLE	WA	98111	Dental Plan	Employee (

Sample COBRA Report

premium	maxmonth	Begin Date	End Date	paidthru	QE Date	past_due	cust_txt1	cust_txt2
400	18	1/1/2013	6/30/2014	1/31/2013	12/1/2012	0		
400	18	6/1/2012	11/30/2013	1/29/2013	5/1/2012	15.55		
30	18	6/1/2012	11/30/2013	12/31/2012	5/1/2012	30.6		
500	18	12/1/2012	5/31/2014	12/31/2012	11/1/2012	510		
400	18	9/1/2012	2/28/2014	1/29/2013	8/14/2012	15.55		
30	18	9/1/2012	2/28/2014	12/31/2012	8/14/2012	30.6		

cust_txt3 cust_txt4 cust_txt5 cust_txt6