



COBRA TRACKING LOG

This log has been developed to assist agency payroll or personnel administrators in the documentation of mailing the COBRA notifications to Qualified Beneficiaries. This form is supplied as a guide. You may alter this form or devise your own.

Qualifying Event Date	Date of Notice	Date Sent	Name (including dependents)	Home Address	Provided by Hand/Mail	Provided by (Name of Personnel Office Staff Person)	Date Signed