



HEALTH & WORK

Health Coverage Continuity After Reduced Hours Workbook

Verify whether accident-related reduced hours or job loss will end health coverage, compare available continuation/enrollment routes and document activation without an unnoticed gap.

WHAT THIS WORKBOOK HELPS YOU DO

01

Complete your coverage event verification

02

Complete your parallel deadline map

03

Complete your care and cost comparison

For people handling accident-related paperwork and preparing clear, evidence-backed questions.

Use it on screen or on paper. Save a personal copy before entering information. Blank response areas are fillable; printed copies work just as well. Keep completed copies private.

Scope. Educational organization tools, not legal, medical, tax or financial advice. No claim result, coverage decision or payment is promised. Verify policy language, current local rules and all deadlines with the appropriate professional or official source.



START HERE

Start with a clear working file

Work on one claim, account or issue at a time. Keep originals unchanged and label working copies with a short evidence ID. Complete the guidance in order, then use the worksheets to turn questions into an organized next step.

A practical order

- 01** Read the four guidance pages before filling the worksheets. Mark facts you can support and questions that still need an answer.
GUIDANCE / PAGES 03-06
- 02** Use the fictional examples to check your method. Their facts and dollar amounts do not describe your claim or predict an outcome.
EXAMPLES / PAGE 07
- 03** Complete the four working sheets, then use the readiness check and next-step page. Duplicate a worksheet when you need another record.
WORKSHEETS / PAGES 08-11

Protect your information

Store completed copies somewhere private. Use a claim or account suffix when a full identifier is unnecessary. Share only relevant copies through a verified recipient and appropriate channel. A saved PDF can contain personal information even when it is not open on screen.

Before a deadline. Do not wait to finish this workbook when a notice, release, court paper or policy deadline needs attention. Verify the actual requirement and seek qualified help promptly.



GUIDANCE 1

01

Verify whether coverage will actually end

Do not infer the health-coverage end date from the last day worked or the first unpaid paycheck. Ask the employer or plan administrator what remains active, what event could end it and the exact effective date. Certain protected leave can involve continued group coverage under applicable conditions. Obtain the answer in writing and identify employee premium obligations. This first step may show there is no immediate transition to make. If the answer is uncertain, record the open question and the next contact instead of assuming you are uninsured.

Collect the available options

List only options you may actually be able to use: continuation of the existing plan, a Marketplace plan, another employer plan if available or public coverage for which you may qualify. The Consolidated Omnibus Budget Reconciliation Act, commonly called COBRA, provides continuation rights in defined circumstances; federal coverage does not apply to every employer plan. State continuation rules can differ. Marketplace eligibility and assistance also depend on individual facts and current rules. This workbook organizes a comparison and questions for a qualified assister, not a recommendation that one option is always best.

RELATED WORKING SHEETS

- Coverage event verification
- Parallel deadline map

Sources for this page: [1], [2], [3]. See the linked source guide.



GUIDANCE 2

Keep separate enrollment clocks

02

Record the event date, coverage-loss date, notice date and the official deadline for each option. COBRA election and initial-payment timing are separate steps. Marketplace special-enrollment timing follows its own rules and should not be assumed to wait for a COBRA notice. Department of Labor guidance describes at least a 60-day COBRA election period measured from the relevant later date and 45 days after election for the initial payment; verify the actual notice and circumstances. Do not treat these broad rules as a substitute for personalized deadline confirmation.

Check continuity of ongoing care

For each realistic option, ask the plan and provider about the specific clinicians, facility, medication and scheduled service you need. Keep the date, representative and reference for the answer. A provider accepting an insurer's brand is not necessarily participating in every plan sold under that brand. Ask whether referrals or authorizations need to be renewed when coverage changes. Do not postpone necessary care based on this workbook. Clinical decisions belong with your treating professionals; the worksheet records administrative facts and unresolved access questions.

RELATED WORKING SHEETS

- Parallel deadline map
- Care and cost comparison

Sources for this page: [1], [2], [3]. See the linked source guide.



GUIDANCE 3

03

Compare costs using current documents

Use actual premium quotes and plan documents, not a national average or a remembered price. Separate the monthly premium, deductible status, out-of-pocket limit and expected service cost-sharing. Note whether a deductible resets or a previously met amount carries over, and verify rather than assume. Marketplace financial help can depend on projected household income and current law, so use official assistance for that calculation. A lower premium alone does not settle the choice. Keep unknown amounts marked as unknown instead of using optimistic figures to make one option appear cheaper.

Make enrollment and payment traceable

For the option you choose, record submission date, confirmation number, required documents, payment instructions and the coverage effective date stated by the plan. Keep proof of the initial payment where required. Selecting a plan and paying to activate it may be different steps. Do not cancel existing coverage based solely on an application screen that says submitted. Ask the relevant administrators to confirm how dates fit together and resolve any overlap or gap before making assumptions. Review any legal terms and payment commitment before proceeding.

RELATED WORKING SHEETS

- Care and cost comparison
- Activation and transition proof

Sources for this page: [1], [2], [3]. See the linked source guide.

GUIDANCE 4

04

Verify active coverage with both sides

Obtain confirmation from the new or continuing plan that coverage is active for the intended date, then check whether the provider's billing system can verify it. If systems disagree, record the member reference, effective date and plan contact for follow-up. Ask about any claims incurred during a pending period through the plan's official process. Keep receipts and correspondence without assuming reimbursement is guaranteed. A card arriving in the mail is useful, but the central question is whether the coverage is active for the relevant service date.

Control later transitions and close gaps

Record upcoming premium deadlines, continuation end dates and circumstances that may affect another enrollment opportunity. Voluntarily ending continuation coverage does not automatically create a new Marketplace enrollment right, so verify the rule before switching later. Report changes through the appropriate official process when required. At closure, keep the old coverage end-date confirmation, new effective-date confirmation, enrollment receipt, payment proof and unresolved claims list together. The workbook is complete when the dates and activation are documented, not merely when several attractive plans have been compared.

Check the coverage dates and confirm active status with both the plan and the provider.



Sources for this page: [1], [2], [3]. See the linked source guide.



FICTIONAL EXAMPLES

Work through the examples

These invented cases demonstrate the method. They are not case results, estimates of what you will receive or statements of universal rights.

01 Fictional: different clocks

A worker's health coverage is confirmed to end September 30, while a continuation notice arrives later. The workbook tracks the continuation election period and the Marketplace loss-of-coverage period separately. It does not assume that the later continuation notice restarts the Marketplace window.

02 Fictional: application is not activation

A patient selects a Marketplace plan with an October 1 proposed effective date but has not completed the required first premium payment. The worksheet marks selected, payment pending and activation unverified. The patient confirms the payment and effective date with the plan instead of telling a clinic that coverage is certainly active.



WORKSHEET 1

01

Coverage event verification

Do not substitute last day worked for the confirmed coverage end date.

Employer/plan

Last workday

Reduced-hours/job event

Current coverage status

Confirmed end date

Source/representative/date

Employee premium due

Notice received

Unresolved question

Related guidance: [Verify whether coverage will actually end](#)



WORKSHEET 2

02

Parallel deadline map

Each option has its own clock; record exact notice wording and verification.

Option

Eligibility source

Qualifying event

Coverage-loss date

Notice date

Election/enrollment deadline

Initial payment deadline

Required evidence

Official contact

Verified effective date

Related guidance: [Keep separate enrollment clocks](#)



WORKSHEET 3

03

Care and cost comparison

Use current plan-specific documents, with unknowns left visible.

Plan option

Monthly premium/source date

Deductible status

Out-of-pocket terms

Provider/facility confirmation

Medication coverage

Authorization/referral requirement

Earliest effective date

Uncertain cost

Assister question

[Related guidance: Compare costs using current documents](#)



WORKSHEET 4

04

Activation and transition proof

Do not mark active solely because an application was submitted.

Selected option

Application confirmation

Documents accepted

Initial premium paid/proof

Plan active confirmation

Provider verification

Old coverage end date

New coverage start date

Gap/overlap question

Next premium/transition date

[Related guidance: Compare costs using current documents](#)



READINESS REVIEW

Check the file before using it

REVIEW EACH ITEM BEFORE MOVING ON

- ☐ Each working figure or statement is linked to an identifiable document.
- ☐ Missing information is marked as unverified rather than estimated as fact.
- ☐ The exact question and the person or organization able to answer it are identified.
- ☐ The current document version and any conflicting version are preserved.
- ☐ Independent deadlines and the source of each deadline have been checked.
- ☐ The final written response has been compared with the original question.

What still needs attention

Open fact or decision, who can resolve it, and the source needed

Completion standard. The working file is complete when the important facts are supported, the next action is assigned and any unresolved issues remain clearly visible. A completed checklist does not establish coverage, entitlement or legal compliance.



ACTION PLAN

Write down the next step

Choose the smallest useful next step. Make the request specific enough that the recipient can locate the record and explain or address the exact issue. Keep proof of what you sent and what came back.

The exact issue or request

Evidence IDs and document versions that support the request

Verified recipient and channel

Date sent and follow-up date

What response will resolve the issue, and what still needs professional review

Separate decisions. A courtesy follow-up date is not a legal deadline. A document request does not automatically pause another requirement. Do not sign, settle, move property or disclose sensitive records merely because a box on this page is complete.



REFERENCE GUIDE

Sources and scope

The linked official sources support the educational background. The forms and examples are original organization tools. Sources were checked on October 1, 2026; policies, procedures and law may change. Recheck the current source before relying on a rule.

[1] U.S. Department of Labor

The Department of Labor's current worker FAQ explains continuation eligibility, notices, the election period, initial premium timing and ongoing payments. Exact rights depend on the plan and qualifying circumstances.

<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/faqs/cobra-continuation-health-coverage-workers>

[2] U.S. Department of Labor

The Department of Labor describes health-coverage transition options and the separate Marketplace special-enrollment window associated with loss of job-based coverage.

<https://www.dol.gov/agencies/ebsa/about-ebsa/our-activities/resource-center/publications/questions-and-answers-for-dislocated-workers>

[3] healthcare.gov

HealthCare.gov explains Marketplace coverage after job-based coverage loss and COBRA as a separate option. Its official application and assistance process determines eligibility for coverage and financial help.

<https://www.healthcare.gov/have-job-based-coverage/if-you-lose-job-based-coverage/>

Keep the scope clear

No personalized insurance, tax or investment recommendation

Federal COBRA, state continuation, Marketplace and public-program rules differ

Do not assume special enrollment, subsidies or retroactive coverage without verification

Avoid automatic cancellation of existing coverage or unsupported assurances about provider networks