bardon insurance group, inc.

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# Eligibility – Actively-at-Work Status

This form must be completed and retuned to continue the audit process on the specific claimant named below. For the purposes of stop loss reimbursement, Bardon must be able to verify that the eligibility requirements listed in the approved Plan Document have been followed.

| | | | |
|---|---|---|---|
| **Section A** | *Group Name* | | *Group ID* |
| | *Enrollee Name* | | *Enrollee ID* |
| | *Enrollee Hire Date* | | *Enrollee Effective Date* |
| **Section B** | *Patient Name* | | |
| | *Patient DOB* | *Patient Effective Date* | *Relationship to Enrollee* |

| | | | |
|---|---|---|---|
| **Section C** | ***Please provide the following information for the period between _____ and current:*** | | |
| | C1 | *Did the employee have any significant time off work?* ☐No ☐Yes | |
| | C2 | *The last date the employee worked before time off was:* | |
| | ***How did the employee maintain eligibility for plan benefits during their absence from work****? Please note that AAW status is based on the Plan Document eligibility requirements and not the employee's position or any compensation he/she received while absent from work.* | | |
| | C3 | *PTO Dates/Hours:* | |
| | C4 | *FMLA Dates/Hours:* | |
| | C5 | *Leave of Absence (if plan allows) Dates/Hours:* | |
| | C6 | *COBRA effective date:* | *If the Plan Administrator does not handle your COBRA administration, please provide a copy of the signed and dated election form along with copies of COBRA payments or a log of same.* |
| | C7 | *Other (provide details):* | |
| | C8 | *Other (provide details):* | |

| | | |
|---|---|---|
| **Section D** | D1 | *Has Employee returned to work?* ☐No ☐ Yes – Date:____/____/_____ |
| | D2 | *In what capacity did the Employee return to work? (Details are required; please use additional paper if necessary)* ☐ Part-time Dates: ☐ Full-time Dates: |
| | D3 | *Has employment terminated?* ☐No ☐Yes – Date:____/____/____ |

| | | | |
|---|---|---|---|
| **Section E** | *Completed by (print name)* | *Title* | *Date completed* |
| | *Fax number:* | *Phone number:* | *Email Address:* |