

Company Name _____

Office/Client Number _____

Federal ID Number _____



COBRA Continuation Guidelines Worksheet

Provide the following information for Paychex to determine whether Federal Continuation or State Continuation Guidelines apply to your company.

How many pay periods did you have in the previous year? _____

How many hours were considered full-time in the previous year? _____

Week	Period-end Date	Check Date	# Full-time EEs	# Part-time Hours
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