COBRA Qualifying Event Notification

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All fields must be completed to properly process this request. COBRA regulations state that the administrator must be notified no later than 30 days following the qualifying event or loss of coverage.

Employer/Division		Date Sent:			Number of Pages		
Contact Person:		Email:		Phone:	( )	Ext:	

Employee Name:		SSN		Gender		Birth Date	
Street Address:		City		State		ZIP	

Below, please list dependent names, socials, dates of birth, gender and relation for any covered family members. If any dependents are not living with the employee, please indicate additional address in the notes section below.

Dependent Name	Social Security Number	Birth Date	Gender	Relationship

COBRA Event Information

Qualifying Event Date		**Date Current Benefits End**	

Type of COBRA Event *(please select one)*

- ☐ **Involuntary Termination** *(fired, layoff, reduction in workforce)*
- ☐ **Reduction of Hours** *(full-time to part-time, unpaid leave of absence)*
- ☐ **Retirement**
- ☐ **Voluntary Termination** *(resigned)*
- ☐ **Death of Employee** *(spouse & dependent children only)*
- ☐ **Divorce / Legal Separation** *(spouse & dependent children only)*
- ☐ **Loss of Dependent Status** *(dependent children only)*

COBRA Eligible Benefits

Please list all COBRA eligible benefits the employee and their dependents are enrolled in. Eligible benefits include: medical, dental, vision, telemedicine, EAP and health flex spending.

Benefit *(medical ppo, dental hmo, etc)*	**Carrier**	**Type** *(single, family, etc.)*	**Monthly Premium**

Medical FSA?	☐ **Yes** ☐ **No**	**Annual Flex Election**		**Contribution to Date**		**Claims to Date**	
Medical HRA?	☐ **Yes** ☐ **No**						

Notes / Comments: Please use this section to provide a different address for dependents, severance terms, unusual circumstances, or additional children. For severances, you MUST list which months and benefits you're covering. If you want us to email a copy of the COBRA notice to you or the employee, please indicate this below and provide the email address we should send the notice to.

For existing COBRA Enrollees – Complete information below			
Date last premium paid:		Coverage Paid through:	
COBRA Notification Date:		Received Notification Date:	