

COBRA Event Notice

Please complete this form to communicate a COBRA event.

Other written format will be acceptable as long as it provides the same information. Verbal notice will not be accepted unless it is confirmed in writing. You must complete a separate COBRA Event Notice form (or other written format) for each event and each plan.

Employer name: _____ Plan: _____

Employee name: _____ SSN: _____

I am reporting the following event:

- Divorce Date of divorce decree: _____
- Court approved legal separation Date of legal separation: _____
- A dependent child who ceases to meet plan's definition of dependent child

Date child is no longer a dependent: _____

Date coverage was lost: _____

- Social Security Administration Determination of Disability or No Longer Disabled

Disability date: _____ No longer disabled date: _____

Employees, family members or those already on COBRA continuation, may experience an event that affects plan coverage. You must provide notice of the event so information regarding the impact of the event on your plan or continuation eligibility can be provided. If you do not provide notice, plan coverage can be modified or terminated.

However, other written format is acceptable as long as it contains the name(s), address and phone number of the covered employee and/or other covered dependents experiencing the event, plan coverage, the event, and date of the event.

Your notice of an event must be made within 60 days after the later of the date of the event, or the date you lose coverage due to the event.

You must supply evidence of the event. Acceptable evidence is your signed certification below. In the case of a Social Security disability determination, you must provide a copy of your Social Security Disability Award letter, or a copy of their determination that you are no longer disabled. You must report within 60 days from the latest of: the date of the event, the date coverage is lost as a result of the event or the date of the Social Security determination, if applicable. Please refer to Event Notice Procedure for specific instructions or your summary plan description or COBRA General Notification for more specific information.

Name(s), address and phone of persons losing coverage because of event:

I declare that I am the covered employee or person who experienced the event or representative of either and certify that the above event has occurred as represented.

This form must be submitted to: _____ Phone: _____

Please keep a copy for your files.