**COBRA Notice of Qualifying Event**

**Notice Use:**

This form is to be used when any of the following COBRA qualifying events occur:

1. A spouse covered under the Plan becomes divorced from the covered employee;
2. An Other Qualified Adult covered under the Plan is no longer a dependent under the terms of the Plan; or
3. A child covered under the Plan is no longer a dependent under the terms of the Plan.

**Notice Deadline:**

All changes to a dependent’s eligibly under the Plan should be reported within 30 days of the event that causes the loss of eligibility in order to avoid overpaying premiums the Company will not refund. And in order to avoid forfeiture of your dependent’s COBRA continuation rights, the deadline for providing this Notice of COBRA Qualifying Event is 60 days following the later of: (1) the qualifying event; or (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the qualifying event.

**Covered Employee Information:**

|  |  |
| --- | --- |
| Name (Last, First, Middle Initial) | Social Security Number |
| Street Address, City, State, Zip | Home Phone Number |

**Notice Procedures:**

**How to provide Notice.**

You may return this notice to the [Human Resources Department]. You may only use this form in order to provide notice. All applicable items on the form must be completed. If you are notifying the Company of a divorce, your notices must include a copy of the divorce decree.

**Your Notice must be in writing.**

Oral notice, including notice by telephone is not acceptable. E-mailed notices are also not accepted. Your notice must be received no later than the deadline described above.

**Who may provide Notice of Qualifying Event.**

The covered employee, a qualified beneficiary with respect to the qualifying event, or a representative acting on behalf of either may provide the notice.

**Additional evidence may be required.**

If your notice is regarding the loss of dependent status, you must, if the Company requests it, provide documentation of the date of the qualifying event. Such evidence may be requested if the Company deems it necessary for determining timely notice of the qualifying event. For example, a marriage certificate may be required to establish the date of the child’s marriage.

**Type of Qualifying Event**

[ ] **Qualifying Event:** Employee and Spouse Divorced

|  |  |  |
| --- | --- | --- |
| Name of Spouse (Last, First, Middle Initial) | Social Security Number | Date of Divorce |
| Spouse’s Street Address | City, State, Zip | Home Phone Number |
| Is a copy of the divorce decree enclosed with this notice? [ ] Yes [ ] No | | |

[ ] **Qualifying Event:** Employee’s Other Qualified Adult (OQA) is no longer a Dependent

|  |  |  |
| --- | --- | --- |
| Name of OQA (Last, First, M.I.) | Social Security Number | Date of Event causing loss of Eligibility Status |
| OQA’s Street Address | City, State, Zip | Home Phone Number |
| Reason OQA ceased to be eligible dependent (check one): [ ] No longer an eligible tax exemption. [ ] No longer resides with employee. [ ] Employee or OQA married. [ ] Revocation of Durable Power of Attorney by OQA or Employee. [ ] OQA is eligible for coverage through the Company as an employee.  [ ] Other (explain): | | |

|  |  |  |
| --- | --- | --- |
| Name of Dependent (Last, First, M.I.) | Social Security Number | Date of Event causing loss of Eligibility Status |
| Dependent’s Street Address | City, State, Zip | Home Phone Number |
| Reason child ceased to be eligible dependent (check one): [ ] No longer an eligible tax exemption. [ ] No longer resides with employee. [ ] Dependent married. [ ] Court ordered Letters of Guardianship expired for dependent minor ward. [ ] Dependent is eligible for coverage through the Company as an employee.  [ ] Other (explain): | | |

[ ] **Qualifying Event:** Employee’s Child is No Longer a Dependent under the Plan

**Certification and Signature:**

I have read and agree to the terms and conditions listed in the Notice Procedures section of this form. The information provided above is correct to the best of my knowledge.

I am the (check one): [ ] Employee [ ] Former Spouse [ ] Former OQA [ ] Former Dependent Child [ ] Other (explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature Date