

COBRA Qualifying Event Notification

Admin
pro
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 cobra@adminpro-inc.com

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

Employer / Division	Date Sent	# Pages
Contact Person	Phone ()	Ext

Employee Name	SS#	Gender	Birth Date
Address	City	State	Zip
			Phone ()

If other than single coverage, please list names, social security numbers and birthdates for any other covered family members (if not living with employee, please indicate address in Notes section below)

Dependent Name	SS#	Birth Date	Relationship

COBRA Event Information

COBRA Event Date	Date Active Coverage Terminates
Type of COBRA Event (please check one) <input type="checkbox"/> Involuntary Termination (fired, layoff, reduction in workforce) <input type="checkbox"/> Voluntary Termination/Resignation/Retirement <input type="checkbox"/> Reduction of Hours (full-time to part-time, unpaid leave of absence) <input type="checkbox"/> Death of Employee (spouse & dependent children only) <input type="checkbox"/> Divorce or Legal Separation (spouse & dep children only) <input type="checkbox"/> Loss of Dependent Status (dependent children only)	

COBRA Eligible Benefits

Please list all COBRA eligible benefits in which the employee is enrolled. These include medical reimbursement accounts, health, dental and vision plans.

Benefit	Carrier	Type (single, family, etc.)	Monthly Premium	Original Effective Date

Medical FSA? Y or N
 Annual Flex Election \$ _____ Contributions to Date \$ _____ Claims to Date \$ _____

Last payroll date deduction will be taken _____ / _____ / _____

Medical HRA? Y or N

NOTES: use the notes area to indicate different address for spouse/dependents, special leave, FMLA employer premium amount, unusual circumstances, or indicate additional children _____

FOR EXISTING COBRA ENROLLEES - complete information below			
Date Last Premium Paid: _____ / _____ / _____	Coverage Paid Through: _____ / _____ / _____	COBRA Notification Date: _____ / _____ / _____	Received Notification Date: _____ / _____ / _____

