

EVENT NOTICE PROCEDURE

(Instructions for Communicating a COBRA Event) Whether you are an active employee, family member of an active employee or already on COBRA continuation, you may experience an event that affects your plan coverage. You must provide notice of the event so that you and/or your family can be provided with information regarding the impact of the event on your plan or continuation eligibility. If you do not provide notice, plan coverage can be modified or terminated.

Please complete the form COBRA Event Notice to communicate the 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.

The information necessary to communicate the event is requested on the COBRA Event Notice form. 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. You must provide evidence that the event has occurred. Acceptable evidence is your signed certification, except in the case of a Social Security disability determination. For a Social Security disability determination, you must provide a copy of your Social Security Disability Award letter. Or, a copy of Social Security's determination that you are no longer disabled.

Submit the COBRA Event Notice form (or other acceptable format) and evidence to the Employer or as directed on the COBRA Event Notice form.

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. If you are reporting a Social Security Disability determination, notice must be reported within 60 days after the date of the event, the date of the loss of plan coverage or the date of Social Security's determination, whichever is the latest AND before the end of your 18 months of COBRA continuation, if you are on COBRA. If Social Security determines that you are no longer disabled, notice must be made within 30 days of the determination.

COBRA Event Notice

Please complete this form to communicate a COBRA event.

Employer: _____ Plan: _____

Employee Name: _____ SSN: _____

I am reporting (check one of the following):

Divorce Divorce Decree Date: _____

Court Approved Legal Separation Legal separation Date: _____

A dependent child who ceases to meet plan's definition of dependent child

Date child is not a dependent: _____

Date Coverage Lost: _____

Social Security Administration Determination of Disability or No Longer Disabled

Disability Date: _____

No Longer Disabled Date: _____

You must supply evidence of the event. Acceptable evidence is your signed certification below. Except 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.

_____ Date: _____

This form must be submitted to:

Phone:

Please keep a copy for your files.