

Notice of a Divorce, Legal Separation, or a Child's Loss of Dependent Status

Use this notice to notify the employer's Plan administrator of a "qualifying event" that may entitle a spouse or dependent child to a COBRA coverage period of 36-months.

Procedure: This form, and any required or requested documentation, must be completed and returned to the employer's Plan administrator within the notification period by mail or personal delivery unless an alternate means of notification is approved in advance by the employer's Plan administrator. Oral notice is not acceptable.

Notification Period: There is a 60-day notification period that begins with the date of the qualifying event or, if later, the date coverage is lost. This form, and any requested documentation, must be provided to the employer's Plan administrator within the 60-day notification period. A timely notification will be determined by a postmark date or date of personal delivery. You are responsible for providing proof of timely submission. **If the submission is not timely, you may lose your rights to COBRA.**

Who May Provide Notice: The covered employee, a qualified beneficiary, or a representative acting on their behalf. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all related qualified beneficiaries.

More Information: For more information regarding your rights and obligations under COBRA, refer to this General Notice, the SPD or contact the employer's Plan administrator.

Mailing or Delivery Address: It is your responsibility to obtain current mailing or delivery information from your SPD or by contacting your employer's Plan administrator.

Date of the qualifying event: _____

Qualifying events resulting in COBRA entitlement:

_____ Divorce of employee and spouse. Attach a copy of the divorce decree.

_____ Legal separation of employee and spouse. Attach a copy of the legal separation document.

_____ Dependent child no longer meets the plan requirements to maintain dependent status.

Name: _____ Reason*: age ___ not in school ___ marriage ___

*Additional proof may be requested such as a marriage certificate, birth certificate, or school transcript. You will have 15 business days to provide the requested information. All required documentation must be provided within the 60-day notification period.

I certify that the above information is true.

Completed by: employee ___ spouse ___ dependent child ___ other (describe) _____

Address: If the address of the qualified beneficiary is different from the one on record, please write in the new address in Comments, at the bottom of form, or contact the employer's Plan administrator for instructions.

Print Name: _____ **First 5-digits of SSN:** _____

Signature: _____ **Date:** _____

Phone Number: _____ **Email:** _____

Employer: _____

Comments: _____