

COBRA Qualifying Event Notification

(Fax completed form to 336-759-3999. Please Print!)

Company Name: _____

Employee Last Name: _____ First Name: _____ Middle Initial: _____

Employee Address: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____ DOB: _____ Sex: M F

Employee SSN: _____ Hire Date: _____ Qualifying Event Date: _____

Participating Qualified Beneficiary – if COBRA qualifying event is for covered dependent only:

Last Name: _____ First Name: _____ Middle Initial: _____

Qualified Beneficiary SSN: _____ DOB: _____ Sex: M F

COBRA Qualifying Event Causing Loss of Coverage (Please check only one.)

Continuation for 18 Months:

- Employee's termination of employment
 - Involuntary termination
 - Voluntary termination
- Employee's reduction of hours

Continuation for 29 Months:

- Employee's termination of employment due to disability
- Employee's reduction of hours due to disability

Continuation for 36 Months:

- Death of employee / retiree
- Divorce / legal separation
- Covered employee or retiree becomes entitled to Medicare. Dependents may elect continuance of identical coverage.
- Ineligibility of dependent child

Continuation Coverage - Please complete all applicable fields in the following tables.

	Health / Medical	Dental	Vision	FSA	HRA
Name of Plan¹					
Type of Coverage²					
Benefit Term. Date³					
Last Payroll Date⁴					

¹ If two or more plans of the same coverage are offered to the employee, please indicate which plan the employee has. For example: "Dental Plan A", "Dental Plan B", "Medical Basic", etc.

² For example: "Family", "Employee Only", "Employee+Child", etc.

³ Specify last date covered as an employee.

⁴ Specify date of final payroll withholdings.

Please provide date (mm/dd/yyyy) that continuous coverage began for each benefit, regardless of carrier changes.

	Name	Health	Dental	Vision	FSA	HRA
Employee						
Spouse						
Child						
Child						
Child						

Form prepared by: _____ Date: _____

Phone: (____) _____

Email: _____

Comments: _____



Savers Administrative Services • 635 W. Fourth St., Suite 201 • Winston-Salem, NC 27101-2740
 ph: 336-759-3888 • toll free: 800-949-0311 • fax: 336-759-3999 • www.saversadmin.com