

NOTICE OF QUALIFYING EVENT FORM

Employer Name/Plan Sponsor

When to Use This Form:

Use this form when any of the following events (qualifying events) occurs:

- A spouse covered under the Plan becomes divorced or legally separated from the covered employee;
- The covered employee reduced or eliminated his or her spouse's Plan coverage in anticipation of their divorce or legal separation, and the anticipated divorce or legal separation has subsequently occurred; or
- A child covered under the Plan ceases to be a dependent under the terms of the Plan.

Deadline:

The deadline for providing this Notice of Qualifying Event is 60 days after the later of: (1) the qualifying event; and (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.

How to Provide Notice of Qualifying Event:

You must mail or hand deliver this notice to your Human Resources Department. Your notice must be in writing (using this form) and must be mailed or hand-delivered. Oral notice, including notice by telephone, is not acceptable. Electronic (including e-mailed or faxed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described above. If hand-delivered, your notice must be received by the Human Resources Department no later than the deadline described above.

Warning: If your notice is late, or if it is not completed and provided to your employer as described above, no qualified beneficiary will be offered the opportunity to elect COBRA coverage.

For more information about this form, the Plan's notice procedures, and your COBRA rights and obligations, consult the Plan's summary plan description and the Plan's COBRA initial notice. (You may obtain copies of these documents from your Employer.)

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Complete This Portion:

Identify the Covered Employee (the employee or former employee who is or was covered under the Plan):

Print name of employee: _____

Address of employee: _____

Event Description (Check one and complete):

Qualifying Event—Employee and spouse: (check one) Divorced Legally separated

Print name of spouse: _____

Address of spouse: _____

Date of divorce or legal separation: ____/____/____

You must provide a copy of the decree of divorce or legal separation. Is a copy enclosed?

Yes No

If the spouse's coverage was reduced or eliminated, and later a divorce or legal separation occurred, you must provide evidence that the spouse's Plan coverage was eliminated or reduced in anticipation of the divorce or legal separation with this notice. Is such evidence enclosed? Yes No N/A

Qualifying Event—Employee's child ceased to be an eligible dependent under the Plan

Print name of child: _____

Address of child: same as employee's address different address (provide address)

Address of child: _____

Reason child ceased to be eligible dependent (check one): attained age ____ lost student status
married other (explain) _____

Date of event causing loss of dependent eligibility: ____/____/____

Certification, Signature and Date:

I certify that the above information is true and correct.

I am the (check one): employee or former employee spouse or former spouse former dependent child

other (explain) _____

Signature

Date

Print Name

Address

Address

(_____)_____
Telephone Number