

# COBRA Qualifying Event Information Worksheet

Employer's Name: \_\_\_\_\_

Date of Qualifying Event (i.e. date of termination, etc): \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Qualifying Event: (check one)

Employee's Name: \_\_\_\_\_

Covered Employee's Reduction in Work Hours or Termination of Employment (*provided it is not by reason of gross misconduct*)

Qualified Beneficiary (if not employee): \_\_\_\_\_

Covered Employee's Death

Qualified Beneficiary Mailing Address

Covered Employee's Dependent Child Ceases to Be a Qualified Dependent

Street: \_\_\_\_\_

Covered Employee Experiences Divorce or Legal Separation from a Qualified Beneficiary

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Covered Employee Becomes Entitled to Medicare Benefits under the Social Security Act

Plan Coverages

Health Plan:  \_\_\_\_\_  
(BC/BS HMO, Aetna POS, etc.)

Dental Plan:  \_\_\_\_\_

No major medical coverage

No Dental Coverage

Vision Plan:  \_\_\_\_\_

FSA Participant:  \_\_\_\_\_

Additional Covered Family Members Losing Coverage (please indicate in the comments section below if the individual has an address different from the employee):

	<u>Name</u>	<u>Health Coverage</u>	<u>Dental Coverage</u>	<u>Vision Coverage</u>
Spouse:	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child(ren):	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: \_\_\_\_\_