

## NOTICE OF QUALIFYING EVENT FORM

Welfare Benefit Plan ("Plan")

This form is for you to use to provide notice of a COBRA qualifying event. For more information about this form, the Plan's notice procedures, and your COBRA rights and obligations, consult the Plan's Summary Plan Description. (You may obtain a copy of the Summary Plan Description from the Employer.)

**When to Use This Form:** Use this Notice of Qualifying Event Form when any of the following qualifying events occurs:

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

**Notice Procedures:** You must follow the Notice Procedures for Notice of Qualifying Event found in the Summary Plan Description.

**Warning: If your notice is late, or if it is not completed and provided to the Employer as described in the Notice Procedures for Notice of Qualifying Event appearing in the Summary Plan Description, no qualified beneficiary will be offered the opportunity to elect COBRA coverage.**

### Complete This Portion:

**1. Identify the Covered Employee** (the employee or former employee who is or was covered for the benefit(s) under the Plan):

Print name of employee: \_\_\_\_\_

Address of employee: \_\_\_\_\_

List Employer providing benefits: \_\_\_\_\_

**2. 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: \_\_\_\_\_

A copy of the decree of divorce or legal separation must be enclosed with this notice.  Enclosed

If the spouse's coverage was reduced or eliminated, and later a divorce or legal separation occurred, evidence that the spouse's Plan benefit coverage was eliminated or reduced in anticipation of the divorce or legal separation must be enclosed with this notice.  Enclosed     N/A

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

Print name of child: \_\_\_\_\_

Address of child:  same as employee's address     different address (*note name and provide address*):

\_\_\_\_\_

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: \_\_\_\_\_

**3. 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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Where to send the completed Notice of Qualifying Event Form:** You must mail or hand deliver this notice to:  
Human Resources Department

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no Employer address is listed above, use the Employer address in the Summary Plan Description.

You may fax this notice if a fax number is provided: Fax Number: \_\_\_\_\_

This contact information may change from time to time. The most recent contact information and other important COBRA information will be included in the Plan's most recent Summary Plan Description (if you do not have a copy, you may request one from the Employer).

**For Plan Use Only:**

Date Notice of Qualifying Event received: \_\_\_\_\_

Date of postmark, if mailed: \_\_\_\_\_

Divorce decree enclosed?  Yes  No  N/A

Decree of legal separation enclosed?  Yes  No  N/A

Satisfactory evidence that elimination or reduction of coverage was in anticipation of divorce or legal separation?

Yes  No  N/A

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