

**NOTICE OF SECOND QUALIFYING EVENT FORM**

Welfare Benefit Plan ("Plan")

This form is for you to use to provide notice of a COBRA second 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 Second Qualifying Event Form when any of the following events (second qualifying events) occurs:

- A spouse who is receiving COBRA coverage becomes divorced or legally separated from the covered employee;
- A child who is receiving COBRA coverage ceases to be a dependent for the benefit under the terms of the Plan; or
- The covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline:** The deadline for providing this Notice of Second Qualifying Event is 60 days after the later of: (1) the date of the second 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 second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan).

**Notice Procedures:** You must follow the Notice Procedures for Notice of Second 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 Second Qualifying Event appearing in the Summary Plan Description, no extended COBRA coverage will be available to any qualified beneficiary.**

**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. Identify Initial Qualifying Event** (the event that started your COBRA coverage) *(check one and complete):*

Termination of employment       Reduction of hours

Date of initial qualifying event: \_\_\_\_\_

**3. Identify All Qualified Beneficiaries:** Print name(s) of all qualified beneficiaries who lost coverage due to the initial qualifying event and who are still receiving COBRA coverage now:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of each qualified beneficiary *(check one):*  same as employee's address     different address *(note name and provide address):*

\_\_\_\_\_

**4. Identify Second Qualifying Event** (*check one and complete*):

Second 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

Second qualifying event - Employee's child ceased to be an eligible dependent for the benefit(s) under the terms of the Plan

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

Address of child:  same as employee's address  different address (*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: \_\_\_\_\_

Second qualifying event - Death of covered employee

Date of employee's death: \_\_\_\_\_

**5. 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 Second 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).

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**For Plan Use Only:**

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

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

Decree of divorce or legal separation enclosed?       Yes     No     N/A

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