COBRA: Dependent Qualifying Event

PacificSource ADMINISTRATORS

1. Dependent information

Employer name _____ Division name _____

Name of former dependent to be offered COBRA _____ Sex assigned at birth (M/F) _____

Date of birth (mm/dd/yyyy) _____ Initial date of active coverage (mm/dd/yyyy) _____ SSN _____

Mailing address _____ Daytime phone _____

City _____ State _____ Zip _____

2. Qualifying event information

Event date (mm/dd/yyyy) _____ First date of COBRA eligibility (mm/dd/yyyy) _____

Event type:

☐ Death of a covered employee ☐ Divorce/legal separation

☐ Child losing dependent status ☐ Employee covered by Medicare

Covered employee name _____ Employee SSN _____

Notice of unavailability: ☐ N/A ☐ If yes, please explain _____

3. Current benefits

☐ **Medical**

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

☐ **Dental**

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

☐ **Vision**

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

☐ **Flexible spending account**

Annual election amount _____

Last day of coverage _____

Plan year start date _____

Plan year end date _____

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☐ **Other health plan**

Carrier name _____

Plan name _____

Coverage level _____

Last coverage date _____

☐ **Severance**

Enter the amount (flat rate or percentage) to be applied to the participant's monthly premium.

Medical: amount, start date, and end date _____ _____ _____

Dental: amount, start date, and end date _____ _____ _____

Vision: amount, start date, and end date _____ _____ _____

4. Other covered family members

Dependent name	Relationship (example: child)	Social Security number	Date of birth	Sex Assigned at Birth (M/F)

5. Employer authorization

I hereby certify that the information contained above is accurate to the best of my knowledge. I understand that PacificSource Administrators, Inc., will not be held liable for missing or inaccurate information.

Completed by _____ Phone _____ Date _____

Please send this form to PacificSource Administrators and retain a copy for your records.

- Email: COBRA@PacificSource.com
- Mail to PSA, PO Box 71096, Springfield OR 97475
- Fax: **541-225-3684**

Questions? Email us, or call **877-355-2760,** TTY: 711. We accept all relay calls.

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