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COBRA Notice of Qualifying Event Form

Step 1: **Employee Information** *=Required

*Employer Name (do not abbreviate)

*Division Name (if applicable)

*Employee Name (First, Middle Initial, Last)

*Gender (M/F)

*Date of Birth (mm/dd/yyyy)

*Hire Date (mm/dd/yyyy)

*Social Security Number

*Mailing Address

Daytime Phone

*City

*State

*Zip

Step 2: ***Qualifying Event Information**

*Date of Qualifying Event (mm/dd/yyyy)

*Original Enrollment Date/Hire Date

- Voluntary Termination*
- Involuntary Termination*
- Reduction in Hours
- Retirement
- Loss of Eligibility
- Employer Bankruptcy
- Reservist called to Active Duty

***Notice of Unavailability:**

- N/A
- Yes, please indicate reason:
- Gross Misconduct*
- Termination prior to active benefit(s)
- Other, please explain:

***Please note:** Termination due to gross misconduct makes an employee and family members ineligible for COBRA coverage. If termination is due to gross misconduct, please document the reason for gross misconduct in a separate letter to PacificSource Administrators and attach to this form.

Step 3: **Current Benefits**

Health

*Plan Name
*Carrier Name
*Coverage Level
*Last Date of Coverage

Dental

*Plan Name
*Carrier Name
*Coverage Level
*Last Date of Coverage

Vision

*Plan Name
*Carrier Name
*Coverage Level
*Last Date of Coverage

Flexible Spending Account

*Annual Election Amount $
*Benefit Last Date of Coverage
*Plan Year Start Date
*Plan Year End Date

Other Health Plan

*Plan Name
*Carrier Name
*Coverage Level
*Last Date of Coverage

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

	Amount	Start Date	End Date
Medical			
Dental			
Vision			

Step 4: **Other Covered Family Members**

*Spouse Name (First, Middle Initial, Last)

*Date of Birth (mm/dd/yyyy)

*Social Security Number

Mailing Address (If different from above)

City

State

Zip

*Dependent(s) Name	*Relationship (ex. child)	*Social Security Number	*Date of Birth

Step 5: **Employer Authorization**

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

*Completed By:

*Daytime Phone Number

*Date: