

EMPLOYEE/QUALIFIED BENEFICIARY NOTIFICATION TO EMPLOYER OF FIRST OR SECOND QUALIFYING EVENT

EXPLANATION

This is a sample notice that the employee and/or qualified beneficiary may use to notify the employer of a qualifying event. Each covered employee and/or qualified beneficiary is responsible for notifying the employer of the following qualified events:

- Divorce or legal separation of employee
- Dependent child losing dependent status under the plan

Additionally, the final COBRA regulations allow plans to require qualified beneficiaries to provide the plan administrator with notice of a second qualifying event occurring after a qualified beneficiary has become entitled to COBRA coverage with a maximum coverage period of 18 or 29 months. Secondary qualifying events include:

- death of a covered employee
- divorce or legal separation from the covered employee
- the covered employee becoming entitled to Medicare benefits (under Part A, Part B, or both)
- a dependent child ceasing to be eligible for coverage as a dependent under the plan
- qualified beneficiary's disability determination by the Social Security Administration
- Social Security Administration determines the qualified beneficiary is no longer disabled (Notice to be provided within 30 days)

The notice must be sent by the employee or qualified beneficiary to Sacramento City Unified School District, no later than 60 days of the occurrence of the qualifying event.

EMPLOYEE/QUALIFIED BENEFICIARY NOTIFICATION TO EMPLOYER OF FIRST OR SECOND QUALIFYING EVENT

COBRA CONTINUATION RIGHT

Sacramento City Unified School District
PO Box 246870
Sacramento, CA 95824

(Date) _____

Dear Employee Benefits Technician:

_____,
employee's name, social security number

I hereby notify Sacramento City Unified School District, that on _____, the following
date

individual(s) experienced a qualifying event:

Name of Person	Relation to employee	Male/ Female	Date of Birth (MM/DD/YEAR)	Social Security Number	Address
Example: JOHN DOE	CHILD	MALE	08/19/1974	000-00-0000	123 Lane Street, Apt. # 1 Los Angeles, Ca 90503
2.					
3.					
4.					
5.					
6.					

Please note that you are required to notify Sacramento City Unified School District within 60 days of the occurrence of a qualifying event. If the Qualifying Event is the Revocation of the Social Security Administration determination of disability you must notify Sacramento City Unified School District within 30 days of the receipt of the notice of revocation. Please check all that apply:

INITIAL QUALIFYING EVENT

QUALIFYING EVENTS FOR THE EMPLOYEE, SPOUSE and/or CHILD(REN)

- _____ Divorce or Legal Separation from your spouse/domestic partner
- _____ Spouse becomes entitled to Medicare Benefits (Part A and/or B)
- _____ Loss of dependent child status under terms of the plan

SECOND QUALIFYING EVENT

- _____ Social Security Administration determination of disability
- _____ Revocation of Social Security Administration determination of disability
- _____ Death of employee
- _____ Divorce or Legal Separation from your spouse/domestic partner
- _____ Spouse becomes entitled to Medicare Benefits (Part A and/or B)
- _____ Loss of dependent child status under terms of the plan

HR DIRECTOR/HUMAN RESOURCES PERSONNEL SECTION

Original Date of Qualifying Event _____
Date of Loss of Coverage _____
Date of Continuation Coverage Begins _____
(Not later than 30 days after the date on which the qualifying event occurred)
Date of Second Qualifying Event _____