



COBRA Qualifying Event Notification - Takeover

Client Name _____ Client ID# _____

Branch Name (if applicable) _____ Submitted by _____

PERSONAL INFORMATION

Employee's Name (Last, First, MI) _____ Sex M F

Participant Name (If different than Employee) _____ Sex M F

Address _____
Street City State Zip

DOB _____ SSN _____ Marital Status S M Date of Hire _____
(Only needed if participant was an employee.)

QUALIFYING EVENT INFORMATION

If the above is a current COBRA enrollee, please provide:

Date initial COBRA enrollment kit sent _____ Date last payment received _____ Date premium paid to _____

Qualifying Event Date _____ COBRA Start Date _____

*Please select one of the following QE Types:

- Involuntary termination of employment (Subsidy Elected Yes No) Voluntary termination of employment Cessation of dependent status
- Reduction in hours of employment Divorce or legal separation from employee Start of bankruptcy proceeding by employer
- Death of employee Employee's Medicare entitlement

PRESENT PLAN BENEFITS INFORMATION

Original Effective Date of: Health _____ Dental _____ Vision _____

Please indicate the level of coverage for each plan the participant was enrolled in as of the qualifying event date.

Coverage Type	Name and Option of Benefit Plan (e.g. PPO or HMO if applicable)	PQB Only	PQB and Spouse	PQB and 1 Child	PQB and Family	PQB and Children
Health	_____	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____	_____
Vision	_____	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____	_____

Flexible Spending Account (FS) Annual Election Amount _____ FSA Plan Year End Date _____

DEPENDENT INFORMATION

Please list all dependents covered as of the participant's qualifying event date. Name (Last, First, MI).

Spouse _____ DOB _____ SSN _____ Sex M F

Child _____ DOB _____ SSN _____ Sex M F

Child _____ DOB _____ SSN _____ Sex M F

Child _____ DOB _____ SSN _____ Sex M F

Child _____ DOB _____ SSN _____ Sex M F

For TASC Office Use Only: Entered by _____ Date Entered _____

Please fax the completed form(s) to:

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-663-2753 • service@tasconline.com

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