



C O B R A

COBRA Employee Notification of Qualifying Event to Employer

Please Type or Print Neatly
Employee Information

Employee Name	Employer
Employee Social Security Number	Employee Date of Birth

Qualifying Event Information

Date of Qualifying Event:	
Type of Qualifying Event:	
<input type="checkbox"/> Divorce/Legal Separation of Employee.	
Spouse's Name _____ Birth Date _____ SS# _____	
Address _____	
<input type="checkbox"/> Dependent Child of Employee Ceases to be Eligible.	
Child's Name _____ Birth Date _____ SS# _____	
Address _____	

Certification

Date Form Received:	
<p>I understand that this form MUST be delivered to the employer within 60 days of coverage termination due to the above qualifying event. Coverage termination is either the date of the qualifying event listed above or the end of the month following the qualifying event, whichever is stated in my certificate of coverage. If the <i>Date Form Received</i> is outside of the above 60 day notification period, I understand that my spouse or child is NOT eligible for COBRA Continuation Coverage and none will be offered.</p>	
Employee Signature	Date
Employer Authorization	Date

Employer: Please submit this form to Vita and also enter a qualifying event online.

