

Qualified Beneficiary Notice to the Plan of a COBRA Qualifying Event

If you or a member of your family have experienced or are about to experience an event which will cause a family member to lose group benefit coverage eligibility, you must notify the employer of the situation within 60 days of the event to be eligible for COBRA.

Fax this form to FlexToday (1-888-313-0401)		Why are you reporting a COBRA Qualifying Event? (Select One):	
Employer Name and Address		<input type="checkbox"/>	Divorce or Legal Separation from Employee
Your Name		<input type="checkbox"/>	Cessation of Dependent Status (for example, the dependent is overage, quit school or got married.)
Mailing Address		<input type="checkbox"/>	Other – Please explain
City/State/Zip		When did/will the event listed above occur?	
Home Phone Number	Daytime Phone Number	Employee's Name	
Your Personal Email Address		Employee's Social Security Number	

Please List ALL Dependents Enrolled In Benefits Who Will Lose Coverage Due To The Event (including yourself, if applicable)

Dependent Name	Birth Date	Social Security Number	Relationship to the Employee	Sex

If additional dependents are affected, please list on a separate page. Include the name of the employer AND the name of the Employee.
If the dependents listed above have different mailing addresses than the address you provided above, please list the addresses on a separate page.

Other Notes Or Comments

I hereby request a COBRA notice and COBRA election form:

Signed: _____ **Date:** _____

EMPLOYER/PLAN USE ONLY:

Date Notice Was Received	Employer Representative	Note to the Employer Representative: Please complete a Qualify Event Notice 2 form and send to FlexToday, Inc. with a copy of this notice.
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