



## NOTICE OF A COBRA QUALIFYING EVENT

For certain types of COBRA qualifying events, you must submit notification to Human Resources in writing within 60 days of the date of the qualifying event or the date coverage is lost, whichever is later.

Please use this form as the notification of the occurrence of any of the qualifying events listed below to request a COBRA application packet.

- Divorce/legal separation/annulment
- Termination of domestic partnership
- Child ceases to be eligible as a "dependent child"
- Employee becomes covered under Medicare

**Note: Failure to provide notice of these events within the 60-day time limit will result in COBRA continuation coverage being forfeited.**

Only qualified beneficiaries can elect COBRA continuation coverage. A qualified beneficiary is an employee or family member who is eligible for and enrolled in a group health/dental plan on the day before the qualifying event.

Complete this notice and submit it to Human Resources. Upon receipt of this notice, Human Resources will send you a COBRA application packet. Please call Human Resources at 503-675-4004 if you have questions concerning your COBRA insurance continuation coverage.

### INSTRUCTIONS

Please complete the information requested and submit this form to Human Resources.

#### 1. Personal information

Name of Employee (Last, First, Middle Initial)

Daytime Phone

Name of Qualified Beneficiary (Last, First, Middle Initial)

Relationship to employee

Mailing address of Qualified Beneficiary

#### 2. Type of Qualifying Event – Please check one:

Divorce/legal separation/annulment

Event Date \_\_\_\_\_

Termination of domestic partnership

Event Date \_\_\_\_\_

Child's loss of eligibility

Event Date \_\_\_\_\_

#### 3. Signature – I certify that the information on this form is true and correct.

\_\_\_\_\_  
Signature of person completing the form.

\_\_\_\_\_  
Date

Mail completed form to: Human Resources  
Clackamas ESD  
13455 SE 97<sup>th</sup> Avenue  
Clackamas, OR 97015-8662