

NOTICE OF COBRA SECOND QUALIFYING EVENT

Identify the Employee:	Covered Employee's Address:
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Qualifying Events for COBRA:

Divorce (Attach a copy of the final divorce decree) **Date of Divorce:** _____
Name of Spouse: _____
Address of Spouse: _____

Employee's Entitlement to Medicare **Date of Entitlement:** _____

Employee's Child Ceases to be a Dependent Under the Plan
Date Child Ceased to be a Dependent: _____
Name of Child: _____
Address of Child: _____
Reason for loss of Dependent Status:
 Attained age _____ lost student status married other (explain) _____

Disability (Attach copy of SSA Determination)
Date of Initial Qualifying Event: _____
 Termination of Employment
 Reduction of Hours

Name of Disabled Qualified Beneficiary: _____
Address (if different from employee): _____
Date of Social Security Administration's Determination: _____
Date that disabled Qualified Beneficiary became disabled (per SSA): _____
Has SSA subsequently determined that the Qualified Beneficiary is no longer Disabled? _____

Death of Covered Employee
Date of death: _____
Address (if different than covered employee): _____

Certification:

I certify that the information given on this form is true and correct.

- I am the employee or former employee
- I am the spouse or former spouse
- I am the dependent child
- Other, explain: _____

Signature	Date	Print Name
Address (If different than covered employee)	Phone Number	

INSTRUCTIONS TO COMPLETE THIS FORM:

This Form (including the Notice Procedures) is part of the Plan's COBRA Election Notice. For more information about this Form, you should review the Plan's Summary Plan Description and Election Notice. You may obtain copies of these documents from the Plan Administrator. You must follow the Notice Procedures for Notice of Qualifying Event. If your notice is late or incomplete, you will not be offered the opportunity to elect COBRA.

WHEN TO USE THIS FORM:

You should use this Form when you have a qualifying event as follows:

- A spouse covered under the Plan becomes divorced or legally separated from the covered employee.
- The covered employee reduces or eliminates the spouse's coverage under the Plan in anticipation of a divorce, and the divorce has now occurred.
- A child covered under the Plan ceases to be a dependent under the terms of the Plan.
- A qualified beneficiary has received a Social Security Administration Determination of Disability that the individual was disabled on any day of the first 60 days following a qualifying event of termination of employment or reduction in hours by the employee.
- The COBRA covered former employee dies.
- The covered employee becomes entitled to Medicare

DEADLINE:

Divorce, legal separation, or loss of dependent status: The deadline for providing this Notice of **Second** Qualifying Event is 60 days after the later of (1) the qualifying event; and (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the qualifying event..

Social Security Disability: The deadline for providing this Notice of **Second** Qualifying Event is 60 days after the latest of (1) the date of the Social Security Administration's determination, (2) the date of the covered employee's termination of employment or reduction in hours, and (3) the date on which the qualified beneficiary would lose coverage under the terms of the plan as a result of the termination of employment or reduction in hours. Your notice of qualifying event must also be provided within 18 months after the covered employee's termination of employment or reduction in hours

If your notice is late, or if it is not completed and provided to the Plan Administrator as described here, you will not be offered the opportunity to elect COBRA

DELIVERY OF NOTICE:

You must e-mail, mail or hand deliver this notice to:

[My HR Professionals Benefits Department](#)
PO Box 6040
Van Buren, AR 72956
benefits@myhrpros.com

This contact information may change from time to time. The most recent contact information will be included in the Plan's most

recent Summary Plan Description. You may request a copy from the Plan Administrator.

Your Notice must be on this Form and must be **e-mailed**, mailed or hand-delivered. Oral notice, including notice by telephone is not acceptable. If **e-mailed, your notice must be time stamped no later than the deadline provided on the Form**. If mailed, your notice must be postmarked no later than the deadline provided on the Form. If hand-delivered, your notice must be received by the individual at the address given above no later than the deadline described above.

COMPLETION OF THE FORM

You must use this Form of Notice of **Second** Qualifying Event to notify the Plan Administrator of a qualifying event and all of the applicable items must be completed, including any copies of divorce or separation decrees or Social Security Determinations.

If your coverage is reduced or eliminated and later a divorce or legal separation occurs, you might have the right to COBRA if your coverage was eliminated in anticipation of such an event. You must provide notice within 60 days of the divorce and must provide satisfactory evidence to the Plan Administrator that the elimination of coverage was a **result** of the divorce.

If you either provide an incomplete Form or do not provide the required additional documentation, such a notice will still be considered timely if all of the following conditions are met:

- The Notice is e-mailed, mailed or hand-delivered to the individual listed above by the deadline
- From the Notice, the Plan Administrator is able to determine that the Notice relates to the Plan and is able to identify the covered employee and qualified beneficiaries, the qualifying event and the date on which it occurred; and
- The Notice is completed with all required elements in writing within 15 days after the written or oral request is made from the Plan Administrator for the additional information.

If any of these conditions is not met, then the incomplete notice will be rejected and COBRA will not be offered. If all of the conditions are met, the Plan will treat the Notice as having been provided on the date the Plan receives all the information and documentation, but will accept the Notice as timely.

ADDITIONAL REQUESTS FOR EVIDENCE OF A QUALIFYING EVENT

The Plan Administrator reserves the right to request additional documentation of a qualifying event. For example, if the qualifying event is a dependent child ceasing to be a dependent under the Plan, the Plan Administrator may request a copy of the birth certificate or educational transcript. If you do not provide this additional evidence within 15 days after a written or oral request for it, then the COBRA coverage may be terminated or the request may be denied. If the individual has already been placed on active COBRA coverage, then the COBRA coverage may be terminated retroactively and the Plan Administrator will require repayment to the Plan of all benefits paid.