

# **EMPLOYEE/QUALIFIED BENEFICIARY NOTIFICATION TO EMPLOYER OF FIRST OR SECOND QUALIFYING EVENT**

## **EXPLANATION**

This is a sample notice that the employee and/or qualified beneficiary may use to notify the employer of a qualifying event. Each covered employee and/or qualified beneficiary is responsible for notifying the employer of the following qualified events:

- Divorce or legal separation of employee
- Dependent child losing dependent status under the plan

Additionally, the final COBRA regulations allow plans to require qualified beneficiaries to provide the plan administrator with notice of a second qualifying event occurring after a qualified beneficiary has become entitled to COBRA coverage with a maximum coverage period of 18 or 29 months. Secondary qualifying events include:

- death of a covered employee
- divorce or legal separation from the covered employee
- the covered employee becoming entitled to Medicare benefits (under Part A, Part B, or both)
- a dependent child ceasing to be eligible for coverage as a dependent under the plan
- qualified beneficiary's disability determination by the Social Security Administration
- Social Security Administration determines the qualified beneficiary is no longer disabled (Notice to be provided within 30 days)

The notice must be sent by the employee or qualified beneficiary to Sacramento City Unified School District, no later than 60 days of the occurrence of the qualifying event.

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FIRST OR SECOND QUALIFYING EVENT**

**COBRA CONTINUATION RIGHT**

Sacramento City Unified School District  
PO Box 246870  
Sacramento, CA 95824

(Date) \_\_\_\_\_

Dear Employee Benefits Technician:

\_\_\_\_\_, \_\_\_\_\_  
employee's name social security number

I hereby notify Sacramento City Unified School District, that on \_\_\_\_\_, the following  
date

individual(s) experienced a qualifying event:

*Name of Person*                      *Relation to*