

COBRA QUALIFYING EVENT NOTIFICATION FORM

ATTENTION COVERED EMPLOYEE AND/OR COVERED SPOUSE AND DEPENDENT:

This form is to be completed by a covered employee, spouse, or dependent to report certain events to Mesquite ISD's Benefits Office as required under provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Failure to complete and submit this form in a timely manner will result in a loss of health, dental, and/or vision insurance continuation rights that are available under COBRA. Should you have any questions as to this form's purpose or how to complete the form, contact the Mesquite ISD Benefits Office at 972-882-7359.

INSTRUCTIONS

1. If a COBRA qualifying event occurs (divorce, dependent ceases to be a dependent, SSA disability), completely fill out this form and submit it to the Benefits Office.
2. Attach required documentation, and keep a copy of form and documentation for your records.
3. Mail all information to Mesquite ISD Benefits Office (address below).

Name of Company: _____ Name of Covered Employee: _____

Name of Reportee: _____ Relationship to Employee: _____

PLEASE CHECK ONE

Divorce Date of Event: _____
(Attach a copy of the signed/certified copy of Divorce Decree. The notice must be mailed (postmarked) to the Mesquite ISD Benefits Office within 60 days of the date of the event or from the plan loss coverage date, whichever is later.)

Child Ceasing To Be A Dependent Date of Event: _____
Reason: _____
(This notice must be mailed (postmarked) to the Mesquite ISD Benefits Office within 60 days of the date of the event or from the plan loss of coverage date, whichever is later.)

Social Security Disability Date of SSA Disability: _____
(If the Social Security Administration determines that you are no longer disabled, you must notify the Benefits Office within 30 days of the SSA determination. Attach a copy of the SSA determination.)

CURRENT MAILING ADDRESS of Qualified Beneficiary

Street Address: _____

City, State, Zip: _____

Telephone: _____

Signature of Reportee

Date

MAIL COMPLETED FORM TO:

Mesquite ISD Benefits Office
3819 Towne Crossing
Mesquite, TX 75150