

**NOTICE OF SECOND QUALIFYING EVENT**

**North Clackamas Health Plan**

Applicable to the North Clackamas Health Plan, North Clackamas Health Plan 10, North Clackamas Kaiser Health Plan, North Clackamas Dental Plan, North Clackamas Kaiser Dental Plan, North Clackamas Flexible Spending Account and the North Clackamas Health Reimbursement Account

**When to Use This Form**

Use this Notice of Second Qualifying Event when any of the following events (second qualifying events) occurs:

- A spouse who is receiving COBRA coverage becomes divorced or legally separated from the covered employee;
- A child who is receiving COBRA coverage ceases to be a dependent under the terms of the Plan; or
- The covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline**

The deadline for providing this Notice of Second Qualifying Event is 60 days after the later of (1) the date of the second 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 second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan).

**Notice Procedures**

You must follow the Notice Procedures for Notice of Second Qualifying Event appearing at the end of this form.

**Complete This Portion**

**Identify the Employee Who Was Covered Under the Plan:**

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**Print name of employee**

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**Address of employee**

**Identify Initial Qualifying Event** (the event that started your COBRA coverage)

(Check one and complete):

Termination of employment

Reduction of hours

**Date of initial qualifying event:** \_\_\_\_\_

**Identify All Qualified Beneficiaries:**

Print name(s) of all qualified beneficiaries who lost coverage due to the initial qualifying event and who are still receiving COBRA coverage now:

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**Address of each qualified beneficiary:**

(check one)  same as employee's address  different address (provide address)

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**Identify Second Qualifying Event** (Check one and complete):

Second qualifying event—Employee and spouse

(check one)  divorced  legally separated

**Print name of spouse:** \_\_\_\_\_

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**Address of spouse**

**Date of divorce or legal separation:** \_\_\_\_\_

**Is a copy of the decree of divorce or legal separation enclosed with this notice?**

Yes  No

**Second qualifying event—Employee's child ceased to be an eligible dependent under the Plan**

**Print name of child** \_\_\_\_\_

**Address of child:**  same as employee's address  different address (provide address)

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**Reason child ceased to be eligible dependent** (check one):

attained age 26  Dependent employed with employer group health coverage available

Stepchild belonging to ex- spouse or Domestic Partner  other (explain)

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**Date of event causing loss of dependent eligibility** \_\_\_\_\_

**Second qualifying event—Death of covered employee**

**Date of employee's death:** \_\_\_\_\_

**Certification, Signature, and Date:**

I certify that the above information is true and correct.

I am the (check one):

- former employee
- spouse or former spouse
- former dependent child
- other (explain)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

***Notice Procedures for Notice of Second Qualifying Event - How to  
Provide Notice of Second Qualifying Event***

***You must mail or hand deliver this notice to:***

***North Clackamas School District  
Payroll Department  
4444 SE Lake Road  
Milwaukie, OR 97222  
Telephone: 503-353-6026***

**Your notice must be in writing (using this form) and must be mailed or hand-delivered. Oral notice, including notice by telephone, is not acceptable. Electronic (including e-mailed or faxed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Second Qualifying Event form. If hand-delivered, your notice must be received by the individual at the address specified above no later than the deadline described on the first page of this form.**

**Required Form and Information for Notice of Second Qualifying Event You must use this form of Notice of Second Qualifying Event to notify North Clackamas School District Payroll Department of a second qualifying event (i.e., a divorce or legal separation, the covered employee's death, or a child's loss of dependent status), and all of the applicable items on the form must be completed.**

**If you are notifying North Clackamas of a divorce or legal separation, your notice must include a copy of the decree of divorce or legal separation.**