

# COBRA Coverage Continuation Notice

-- Confidential --

**Please Print Clearly and Fully. Complete Form in Blue or Black Ink.**

*A scanned, imaged or photocopied version of this completely executed form will have the same force and effect as the original document.*

Date: / /

BCBST Medical Group No:

BCBST Dental Group No:   
(If different from Medical)

Name of Employer:

**Applicant Information (the person applying for COBRA coverage, i.e. employee, employee's spouse, or employee's dependent children):**

Applicant's Medical ID No:  Applicant's Dental ID No:   
(If different from Medical) Applicant's Date of Birth: / /

Last Name  First Name  MI  Male  Female  Applicant's Social Security No: --

Applicant's Daytime Phone No (including area code): -- Applicant's Street Address (including apartment number):

City  State  Zip

**If the applicant experiencing the Qualifying Event is not the employee, please complete the following information:**

Employee's BCBST Medical ID No:  Employee's BCBST Dental ID No:   
(If different from Medical) Employee's Social Security No: --

Employee Last Name  First Name  MI  Applicant's Relationship to Employee: Dependent Child  Spouse

**COBRA Qualifying Event Causing Loss of Coverage (Check One):**

Date of Qualifying Event: / /

- Involuntary Termination (for reason other than reduction in hours or gross misconduct)  
 Other Employee Termination (for reason other than gross misconduct)  
 Employee Becomes Eligible for Medicare     Death of Covered Employee     Dependent Child Ceases to be "Dependent Child"     Divorce or Legal Separation  
 Reduction in Hours     Other Reason for Loss of Coverage (explain): \_\_\_\_\_

**Coverage Applying For (the type coverage employee had at the time of the qualifying event):**

Health:  Individual     EE/Spouse     EE/Child     Family  
Dental:  Individual     EE/Spouse     EE/Child     Family  
Vision:  Individual     EE/Spouse     EE/Child     Family  
HRA:   
FSA:

Other Carrier Information/Benefit Plan:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

