

## NOTICE TO EMPLOYER OF 2<sup>nd</sup> QUALIFYING EVENT

(For qualified Beneficiaries already on COBRA continuation coverage)

Must Provide Within 60 Days of the Qualifying Event

***Please attach evidence of the qualifying event --certified copy of the divorce decree, or court order of legal separation, dependent birth certificate, death certificate etc.***

Deliver or mail notice to:

Rollins College Human Resources Department

Attn: Dawn Peterson

1000 Holt Avenue-2718

Winter Park, FL 32789

FAX: 407-646-2188

Name of COBRA Qualified Beneficiary (QB): \_\_\_\_\_

Effective (date) \_\_\_\_\_ a qualifying event occurred which may entitle Employee's dependents to continued coverage under the group health plan. Check one:

- Divorce or legal separation
- Covered dependents lost coverage due to employee becoming entitled to Medicare
- Dependent child lost coverage due to definition of dependents under group plan
- Death of covered employee

*Note:* Newborns or children placed for adoption added during the parent's continuation coverage may also be entitled to continued coverage.

Following are the dependent(s) affected by the qualifying event:

<u>Name of Dependent</u>	<u>Relationship to Employee</u>
1. _____	_____
2. _____	_____
3. _____	_____

Send the necessary forms for election of COBRA coverage and Certification of Prior Coverage to:

\_\_\_\_\_  
Name of Employee or Qualified Beneficiary

\_\_\_\_\_  
Address or P.O. Box

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Signature of COBRA QB & Printed Name

\_\_\_\_\_  
Date