



**NOTICE TO EMPLOYER OF QUALIFYING EVENT  
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, etc.*

Fax or mail notice to: Rollins College- Human Resources Department  
1000 Holt Avenue-2718  
Winter Park, FL 32789  
Fax: 407-646-2188

Name of Employee: \_\_\_\_\_ R Number: \_\_\_\_\_

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

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

Name of Dependent Relationship to Employee

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 Employee & Printed Name & Date

If mailed, your notice must be postmarked no later than the last day of the required notice period. Any notice you provide must state the name of the Plan (Independent Colleges and Universities Benefits Association, Inc. Medical Plan), the name and address of the Employee covered under the Plan, and the name(s) and address(es) of the Qualified Beneficiary(ies). Your notice must also name the Qualifying Event and the date it happened.