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ARI ADMINISTRATION RESOURCES, INC.

P.O. Box 300314 ● Waterford MI 48330-0314 ●Phone (248) 623-2816 ● Fax (248) 454-2104
Email address: ARI@comcast.net Website: www.administrationresourcesinc.com

COBRA NOTIFICATION OF QUALIFYING EVENT

EMPLOYER INFORMATION:

Employer Name:_____**Division:**_____

Contact Person:_____**Phone #: ( )**_____**Ext.**_____

QUALIFIED BENEFICIARY INFORMATION-this is the person the letter is going to:

☐ **Employee**
☐ **Ex-Spouse or Dependent-Complete with the ex-spouse or dependent's information**

First Name **M.I.** **Last Name** **Social Security Number**

_____

Mailing Address:_____

City:_____ **State:**_____ **Zip:**_____ **Phone:**_____

Sex: ☐ **M** ☐ **F** **Marital Status:** ☐ **Single** ☐ **Married** ☐ **Divorced**

Birthdate:_____ **Qualifying Event Date:**_____ **Insurance Termination Date:**_____

Original Insurance Effective Date as New Hire:_____ **(if available)**

Qualifying Event Code:_____

Termination Code:, T=Termination, C=Involuntary Termination/Lay Off, M=Retirement, D=Death, S=Disability, L=Medical Leave, R=Reduced Hours, V=Divorce, P=Dependent ceases to be covered

DEPENDENT INFORMATION:

Spouse's Full Name_____**Birthdate**_____**SS#**_____

Child's Full Name_____**Birthdate**_____**SS#**_____

Child's Full Name_____**Birthdate**_____**SS#**_____

Child's Full Name_____**Birthdate**_____**SS#**_____

CONTINUING COVERAGE INFORMATION:

Benefit Type	Insurance Carrier	Current Insurance Carrier Premium being billed for participant(s)	Select Level of Coverage(s) for the participant(s)
Health Insurance		$	☐ Single ☐ Single+child(ren) ☐ Single+Spouse ☐ Family
Dental Insurance		$	☐ Single ☐ Single+child(ren) ☐ Single+Spouse ☐ Family
Vision Insurance		$	☐ Single ☐ Sngle+child(ren) ☐ Single+Spouse ☐ Family
Prescription		$	☐ Single ☐ Single+child(ren) ☐ Single+Spouse ☐ Family

FSA-Health Care Reimbursement $ _____ per month $_____ per year

Prepared by:_____**Date:**_____

This form must be completed by a representative of the employer

Fax or email this completed form within 30 days of above event to Karen Harry at ARI

12/13/11