COBRA Qualifying Event request form

BenefitHelp SOLUTIONS

Complete form and email to: BHSCobraBCOC@benefithelpsolutions.com

PLEASE PRINT CLEARLY

*** This information is mandatory.** Processing may be delayed if fields with an asterisk are not filled out.

Section 1 Group information

* Date ____ /____ / _____	* Name
* Email Address	

Please send a COBRA Election Notice as indicated below*

Section 2 Qualified beneficiary information

* Client name Group name			Client division		
* First name		M.I.	* Last name		
* Date of birth ____ /____ / _____	* SSN or BHS Identification number			* ☐ Male ☐ Female	
* Mailing address		* City		* State	* ZIP
Email address			Contact phone number		

Section 3 Eligible dependents

* First name	* Last name		Social Security number	Date of birth	Relationship
		☐ Male ☐ Female		/ /	
* First name	* Last name	☐ Male ☐ Female	Social Security number	Date of birth ____ /____ / _____	Relationship
* First name	* Last name	☐ Male ☐ Female	Social Security number	Date of birth ____ /____ / _____	Relationship

Section 4 Qualifying event information

		* Original enrollment date	* Date of qualifying event	* Date coverage ends
☐ Involuntary termination ☐ Voluntary termination ☐ Reduction in hours ☐ Leave of absence	☐ Divorce** ☐ Ineligible dependent ** ☐ Death of employee ** ☐ Other **	____ /____ / _____	____ /____ / _____	____ /____ / _____

* Please provide additional information below if the Qualified Beneficiary experienced one of the indicated (*) Qualifying Events. If the Qualified Beneficiary is not the employee, please provide the employee name and SSN.

_____

Section 5 Qualified beneficiary plans

Plan type	Plan name	Family tier
Medical	Exact Plan Name	Employee Only (EE)
Dental		Employee + Spouse (ES)
Vision & RX		Employee + Child(ren) (EC)
FSA (amount per month)		Family (EF)
HRA		
EAP		

Section 6 Subsidy (Is the employer paying any portion of COBRA premiums?)

Flat amount or % _____ Length of time _____ (months)

Questions? Contact BenefitHelp Solutions at 800-556-3137
BCOCSales&Service@benefithelpsolutions.com