

Notice of COBRA Second Qualifying Event

University of Michigan Group Health Plan (the Plan)

BTT Use Only

Event Date _____

Input Elections _____

INSTRUCTIONS

This form (including the Procedures for Notice of Second Qualifying Event described on the second page of this form) is part of the Plan's COBRA Election Notice (for 18-month qualifying events). To obtain more information about this form, the Plan's notice procedures, and your COBRA rights and obligations, refer to your Initial COBRA Notice, your COBRA Election Notice or contact the HR/Payroll Service Center.

When to Use This Form:

Use this Notice of Second Qualifying Event when any of the following events (second qualifying events) occurs:

- A spouse who is receiving COBRA coverage becomes divorced from the covered employee;
- A child or Other Qualified Adult (OQA) who is receiving COBRA coverage ceases to be a dependent under the terms of the Plan; or
- The covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

Deadline:

The deadline for providing this Notice of Second Qualifying Event is 60 days after the later of (1) the date of the second qualifying event; and (2) the date on which the covered spouse or dependent would lose coverage under the terms of the Plan as a result of the second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan).

Notice Procedures:

You must follow the Notice Procedures for Notice of Second Qualifying Event described on the second page of this form. Please print all information in **black ink**.

Warning: If your notice is late, or if it is not completed and provided to the University of Michigan as described in the Procedures for Notice of Second Qualifying Event described on the second page of this form, no extended COBRA coverage will be available to any qualified beneficiary.

1. Identify the Covered Faculty or Staff Member

Name (Last, First, Middle Initial)	UMID (if known)	U.S. Social Security Number (if UMID unknown)
Street Address	City, State, Zip	Home Phone Number

2. Indicate the Qualifying Event

Qualifying Event: Employee and Spouse Divorced

Name of Spouse	U.S. Social Security Number	Date of Divorce
Spouse's Street Address	City, State, Zip	Home Phone Number
Is a copy of the decree of divorce enclosed with this notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Qualifying Event: Death of Employee

Date of death:

Qualifying Event: Employee's Child or Other Qualified Adult Ceased To Be An Eligible Dependent Under The Plan

Name of Dependent (Last, First, Middle Initial)	U.S. Social Security Number	Date of Event Causing Loss of Eligibility Status
Dependent's Street Address	City, State, Zip	Home Phone Number
Reason child or OQA ceased to be eligible dependent (check one): <input type="checkbox"/> No longer provide more than 50% support <input type="checkbox"/> No longer resides with employee <input type="checkbox"/> Dependent married <input type="checkbox"/> Court ordered Letters of Guardianship expired for dependent minor ward <input type="checkbox"/> Dependent is eligible for coverage through the university as an employee <input type="checkbox"/> Revocation of Durable Power of Attorney by OQA or Employee <input type="checkbox"/> Other (explain):		

3. Certification and Signature

I have read and agree to the terms and conditions listed on the second page of this form. The information provided above is correct to the best of my knowledge.

Signature

Date Signed

Procedures for Notice of COBRA Second Qualifying Event

How to Provide Notice of Second Qualifying Event

You may return this notice to SSC Benefits Transactions by faxing it to the number listed at the bottom of this page, or by other means listed at the bottom of this page.

Your notice must be in writing using this form

Oral notice, including notice by telephone, is not acceptable. Electronic (e-mailed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Second Qualifying Event form. If faxed or hand-delivered, your notice must be received no later than the deadline described on the first page of this form.

Required Form and Information for Notice of Second Qualifying Event

You must use this form of Notice of Second Qualifying Event to notify the University of Michigan of a qualifying event (i.e., the divorce or loss of a dependent's eligibility status), and all of the applicable items on the form must be completed.

If you are notifying the University of Michigan of a divorce, please include include a copy of the decree of divorce.

Who May Provide Notice of Second Qualifying Event

The covered employee (i.e., the employee who is covered under the Plan), a qualified beneficiary with respect to the qualifying event, or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

Incomplete Notice of Second Qualifying Event

If you provide a written notice that does not contain all of the information and documentation required by these Notice Procedures for Notice of Second Qualifying Event, such a notice will nevertheless be considered timely **if all of the following conditions are met:**

- the notice is mailed, faxed or hand-delivered as described above;
- the notice is provided by the deadline described on the first page of this form;
- from the written notice provided, the University of Michigan is able to determine that the notice relates to the Plan;
- from the written notice provided, the University of Michigan is able to identify the covered employee and qualified beneficiary(ies), the qualifying event (the divorce, the loss of a dependent's eligibility status), and the date on which the qualifying event occurred; and

the notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Notice Procedures for Notice of Second Qualifying Event) within 15 business days after a written or oral request from the University of Michigan for more information (or, if later, by the deadline for this Notice of Second Qualifying Event described on the first page of this form).

If any of these conditions is not met, the incomplete notice will be rejected and COBRA will not be extended. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation but will accept the notice as timely.

Additional Evidence of Date of Qualifying Event May Be Required

If your notice was regarding a child's loss of dependent status, you must, if the University of Michigan requests it, provide documentation of the date of the qualifying event that is satisfactory to the University of Michigan (for example, a birth certificate to establish the date that a child reached the limiting age or a marriage certificate to establish the date that a child married.) This will allow the University of Michigan to determine if you gave timely notice of the second qualifying event and were consequently entitled to an extension of COBRA coverage. If you do not provide satisfactory evidence within 15 business days after a written or oral request from the University of Michigan that the child ceased to be a dependent on the date specified in your Notice of Second Qualifying Event, his or her COBRA coverage may be terminated (retroactively if applicable) as of the date that COBRA coverage would have ended without an extension due to loss of dependent status. The University of Michigan will require repayment to the Plan of all benefits paid after the termination date.

If your notice was regarding the death of the covered employee, you must, if the University of Michigan requests it, provide documentation of the date of death that is satisfactory to the University of Michigan (for example, a death certificate or published obituary). This will allow the University of Michigan to determine if you gave timely notice of the second qualifying event and were consequently entitled to an extension of COBRA coverage. If you do not provide satisfactory evidence within 15 business days after a written or oral request from the University of Michigan that the date of death was the date specified in your Notice of Second Qualifying Event, the COBRA coverage of all qualified beneficiaries receiving an extension of COBRA coverage as a result of the covered employee's death may be terminated (retroactively if applicable) as of the date that COBRA coverage would have ended without an extension due to the covered employee's death. The University of Michigan will require repayment to the Plan of all benefits paid after the termination date.



Questions?

If you have any questions, visit hr.umich.edu/benefits-wellness, or call the SSC Contact Center at 734-615-2000 or 866-647-7657 (toll free for off-campus long-distance calls within the U.S.) Monday through Friday from 8 a.m. to 5 p.m.

How to Return Your Signed and Completed Form

By Fax

Fax it to 734-763-0363

Keep a copy of the fax transmission report with your form in your records.

By Mail

Make a copy for your records and send the original by **Campus Mail or U.S. Mail** to:
SSC Benefits Transactions
1000 Victors Way
Ann Arbor, MI 48108