

# Notice of COBRA 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 Qualifying Event described on the second page of this form) is part of the Plan's COBRA Initial Notice. To obtain more information about this form, the Plan's notice procedures, and your COBRA rights and obligations, refer to your COBRA Initial Notice or contact the HR/Payroll Service Center.

**When to Use This Form:**

Use this form when any of the following events (qualifying events) occurs:

- A spouse covered under the Plan becomes divorced from the covered employee;
- The covered employee cancelled his or her spouse's Plan coverage in anticipation of their divorce, and the anticipated divorce has subsequently occurred;
- An Other Qualified Adult (OQA) covered under the Plan ceases to be a dependent under the terms of the Plan; or,
- A child covered under the Plan ceases to be eligible under the terms of the Plan.

**Deadline:**

All changes in the loss of a dependent's eligibility under the Plan should be reported within 30 days of the event that causes the loss of eligibility. It is especially important to delete any ineligible dependents within that timeframe to avoid overpaying premiums, which the university may not refund. However, in order to avoid forfeiture of your dependent's COBRA continuation rights, the deadline for providing this Notice of a COBRA Qualifying Event is 60 days after the later of (1) the qualifying event; or (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the qualifying event.

**Notice Procedures:**

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

**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 ( Last, First, Middle Initial)	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	If the spouse's coverage was reduced or eliminated, and later a divorce occurred, is evidence that the spouse's Plan coverage was eliminated or reduced in anticipation of the divorce enclosed with this notice? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Qualifying Event: Employee's Other Qualified Adult (OQA) Ceased To Be An Eligible Dependent Under The Plan**

Name of OQA ( Last, First, Middle Initial)	U.S. Social Security Number	Date of Event Causing Loss of Eligibility Status
OQA's Street Address	City, State, Zip	Home Phone Number
Reason OQA ceased to be eligible dependent (check one): <input type="checkbox"/> No longer resides with employee <input type="checkbox"/> OQA is eligible for coverage through the university as an employee <input type="checkbox"/> Other (explain):		

**Qualifying Event: Employee's Child 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 ceased to be eligible dependent (check one): <input type="checkbox"/> Court ordered Letters of Guardianship expired for dependent minor ward <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 Qualifying Event

## How to Provide Notice of 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 mail or hand delivery as indicated 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 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 Qualifying Event

You must use this form of Notice of 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 a copy of the decree of divorce.

If you are the spouse and your coverage was cancelled by the employee prior to and in anticipation of a divorce, you may still be eligible for COBRA if you provide notice within 60 days following the divorce in accordance with these Notice Procedures for Notice of Qualifying Event. You must provide a copy of the decree of divorce and evidence satisfactory to the University of Michigan that your coverage was cancelled in anticipation of the divorce.

## Who May Provide Notice of Qualifying Event

- The covered employee;
- A dependent losing coverage because of a 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 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 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 or loss of 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 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 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 offered. 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.



HUMAN RESOURCES  
**BENEFITS OFFICE**  
UNIVERSITY OF MICHIGAN

## Questions?

If you have any questions, visit [hr.umich.edu/benefits-wellness](http://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  
Wolverine Tower  
3003 South State Street  
Ann Arbor, MI 48109-1276