



# Employer Notification of Qualifying Event under Cal-COBRA

Blue Shield of California and  
Blue Shield of California Life & Health Insurance Company

**Effective October 1, 2020**

**Employer:** Complete and return to Blue Shield of California each time a covered employee has a qualifying event that causes them to be eligible for continuation coverage under the California Continuation Benefits Replacement Act (Cal-COBRA).

If submitting Cal-COBRA requests for multiple employees due to termination, resignation, or reduction in employee hours, you may alternatively use the Employee Cancellation Notification form, which streamlines entries for multiple employees onto one form.

**Return within 30 days of the last day of employment or qualifying event date** by either **Email: [small.group@blueshieldca.com](mailto:small.group@blueshieldca.com)** or

**Mail:** Blue Shield of California Cal-COBRA, P.O. Box 3008, Lodi, CA 95241-1912

## 1 GROUP, EMPLOYEE, QUALIFIED BENEFICIARY IDENTIFICATION

Group legal name

Blue Shield group ID number

Employee name

Employee's Blue Shield ID or Social Security number

Qualified beneficiary name (if other than employee)

Street address of qualified beneficiary

City

State

ZIP code

## 2 QUALIFYING EVENT DETAILS

Qualifying event date \_\_\_\_\_ For termination/resignation, the qualifying event date is the last day of employment.  
For reduction in employee hours, the qualifying event date is the cancellation date.  
For all others, it's the qualifying event date.

Choose **one** qualifying event:

Termination, resignation, reduction in employee hours

Disqualification of dependent child

Employee entitlement to Medicare benefits

Divorce or legal separation

Death of covered employee

Termination of domestic partnership

## 3 SIGNATURE

X

\_\_\_\_\_  
Group administrator or producer of record (broker) signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed signature name

\_\_\_\_\_  
Broker TAX ID  
(if submitted by broker)