ChoiceBuilder®
721 South Parker, Suite 200, Orange, CA 92868
Phone: (866) 412-9279 • www.choicebuilder.com

COBRA Dependent Qualifying/Triggering Event Notification

****THIS IS NOT AN APPLICATION FOR COBRA COVERAGE****

Complete this form in the event that a dependent of an employee loses health coverage due to one of the following Qualifying/Triggering Events:

- A divorce or legal separation
- Death of the employee
- Medicare entitlement of the employee
- Loss of dependent child status

You must complete this form and mail it to ChoiceBuilder® within 60 days of one of the events listed above.

Employee Information

Employee Last Name

Employee Social Security #

Employee First Name

Group # B

Please list name/address of the DEPENDENT eligible for continuation of coverage

Dependent Last Name

Dependent Social Security #

Dependent First Name

M.I.

Your Address (required)

Apt. #

City

State

ZIP Code

County

Phone # (XXX) XXX-XXXX

E-mail Address

Mailing Address ***(if different from above)***

Qualifying/Triggering Event Information

One of the following Qualifying/Triggering Events has occurred that could entitle a dependent or spouse/domestic partner of an employee to continuation of health benefits (check one):

☐ Divorce or legal separation between employee and spouse

☐ Death of employee

☐ Dependent child has lost coverage due to child ceasing to qualify as a dependent under the plan

☐ Medicare entitlement of employee

Today's Date (MM/DD/YYYY)

Date of Qualifying/Triggering Event (MM/DD/YYYY)

Was Covered Dependent Disabled At Time Of The Qualifying/Triggering Event? ☐ Yes ☐ No

**Current coverage will be terminated on the last day of the month in which Qualifying/Triggering event occurred if this form is received within 60 days of the Qualifying/Triggering Event.*

Qualifying Beneficiary Information

Name of dependent(s) affected by the Qualifying/Triggering Event (lost health coverage) and their relationship to the employee

Beneficiary Name(s):			Date of Birth (MM/DD/YYYY)	Relationship to You
Last Name	First Name	M.I.		
				☐ Spouse ☐ Domestic Partner Gender ☐ Male ☐ Female
				☐ Son ☐ Daughter
				☐ Son ☐ Daughter
				☐ Son ☐ Daughter

Certification

I understand that notification must be made to ChoiceBuilder within 60 days of the Qualifying/Triggering Event.
I hereby certify that the information above is true and correct to the best of my knowledge.

Send completed form to:
ChoiceBuilder
P.O. Box 7405
Orange, CA 92863-7405

Applicant Signature **Print Name** **Date (MM/DD/YYYY)**

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