



Employer Notice of a Qualifying Event For State Continuation Coverage for Illinois Small Employers

Date: _____

Qualified Beneficiary Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____

City _____ State _____ ZIP _____

E-mail Address _____

Date of Hire _____ Marital Status _____ Number of Dependent Children _____ Social Security Number _____

On _____, the above qualified beneficiary incurred the following “qualifying event” which caused the qualified beneficiary to lose group health coverage and thus to be eligible for COBRA continuation coverage:

- Involuntary termination of employment
 Voluntary termination of employment
 Death of employee
 Cessation of dependent status
 Divorce
 Reduction in hours
 Employee’s retirement (age 55 or older)

Present Plan Benefits

Coverage Type	Name of Insurance Plan	PQB Only	PQB and Spouse	PQB and 1 Child	PQB and Children	PQB and Family
Health	_____	_____	_____	_____	_____	_____

Dependent(s) on Plan, if any

Name _____ Relationship _____ SSN _____

Date of Birth _____ Address if different from Employee’s address _____

Name _____ Relationship _____ SSN _____

Date of Birth _____ Address if different from Employee’s address _____

Name _____ Relationship _____ SSN _____

Date of Birth _____ Address if different from Employee’s address _____

Coverage under the Plan will terminate on _____. Please send the aforementioned person (and his or her spouse and dependent child(ren), if any) the appropriate election notices and forms for state continuation coverage.

Signature _____

Employer Name _____ Client ID _____

Fill out form completely to ensure immediate processing. Please fax the completed form(s) to

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-663-2753 • www.tasconline.com

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Any other use or disclosure is prohibited.



TASC COBRA Guide for Illinois State Continuation

TASC COBRA provides Illinois State Continuation for Employers in Illinois with 19 or fewer Employees who do not qualify for Federal COBRA. Illinois State regulations differ from Federal COBRA in many aspects.

Eligibility Requirement

To be eligible for State Continuation, Employees who experience a Qualifying Event must have been covered under the Employer's fully-insured Health Plan(s) for at least 3 months prior to the Qualifying Event.

Types of Qualifying Events

Illinois State regulations allow for the continuation of coverage for the following reasons:

- Employment Termination
- Reduction in Hours
- Death or Divorce
- Cessation of Dependent Status
- Employee Retirement (age 55 or older)

State Continuation Health Benefits Available

Illinois State regulations require that coverage must be the same as under group plan but need not include extra benefits such as dental, vision, or prescription drugs.

Length of Continuation

- Employee – Illinois State regulations provide continuation coverage for a maximum of 12 months from the date of loss of coverage.
- Spouse (Under age 55) – Divorced or widowed (not spouse of retiree) and dependent children – Coverage is provided for maximum of 24 months.
- Spouse (Age 55 or older) – Divorced or widowed spouse or spouse of retiree and dependent children – Coverage is provided until spouse is eligible for Medicare.
- Dependent – Coverage is provided for a maximum of 24 months.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have 30 days to elect and pay for the first premium from the date the Qualified Beneficiary was given notice of their State Continuation.

[No state Administration fee may be imposed on the PQB. Spouse age 55 or older—Divorced or widowed spouse or spouse of retiree, administration fee may be added to group rate after first two years of coverage.]