



# Employer Notice of a Qualifying Event For State Continuation Coverage for New Jersey 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:

- Voluntary termination of employment     
  Involuntary termination of employment     
  Death of employee  
 Cessation of dependent status     
  Divorce     
  Reduction in hours to less than 25 hours per week

A Secondary Qualifying Event of \_\_\_\_\_ Occurred on \_\_\_\_\_

## Health Coverage Information

**Medical**

- Single     
  Employee + Spouse     
  Employee + Child(ren)     
  Family

Name of Medical Plan: \_\_\_\_\_

## 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 608-663-2753  
 The original document must be mailed as outlined in the Client Administrative Portfolio.



## TASC COBRA Guide for New Jersey State Continuation

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

### Eligibility Requirement

To be eligible for State Continuation, Employees who experience a Qualifying Events must have been covered under the Employer's fully-insured Health Plan(s) for at least 1 day prior to the Qualifying Event. They must be New Jersey residents.

### Types of Qualifying Events

New Jersey Continuation regulations allow for the continuation of benefits for the following reasons:

- Employment Termination
- Death
- Divorce
- Becoming an ineligible dependent
- Reduction in hours

### Health Benefits Available

New Jersey State Continuation regulations require continuation coverage for medical and hospitalization coverage plans.

### Length of Continuation

New Jersey State Continuation regulations require continuation coverage for a period of 18 months for termination or reduction in hours, and 36 months in the case of death, divorce, or becoming an ineligible dependent.

### Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have 60 days to elect and pay for the first premium from the date of the Qualified Beneficiary was given notice of their State Continuation.

(A maximum administration fee of 2% may be imposed on the PQB.)