



Employer Notice of a Qualifying Event For State Continuation Coverage for Pennsylvania 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
- Bankruptcy of employer
- Cessation of dependent status
- Divorce or Legal Separation
- Reduction in hours
- Eligibility for Medicare

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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TASC COBRA Guide for Pennsylvania State Continuation

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

Eligibility Requirement

To be eligible for State Continuation, Employees who experience a Qualifying Event must have been continuously insured under the employer's health plan(s) for three consecutive months ending with the employee's termination.

Continuation coverage is not available for anyone who is covered or is eligible for coverage under Medicare, who fails to verify that he/she is ineligible for employer-based group health insurance as an eligible dependent, or is or could be covered by any other insured or uninsured group health coverage arrangement and under which the person was not covered immediately prior to such termination (this last condition excludes Medical Assistance, CHIP and adultBasic).

Types of Qualifying Events

Pennsylvania regulations allow for the continuation of State Continuation for the following reasons:

- + Employment Termination
- + Reduced Hours
- + Death
- + Divorce or legal separation
- + Eligibility for Medicare
- + Child Ceasing to be an Eligible Dependent
- + Bankruptcy of the employer

State Continuation Health Benefits Available

Pennsylvania state regulations require continuation coverage for any benefits provided under the group health policy.

Length of Continuation

Pennsylvania state regulations require continuation coverage for a period of 9 months from the date of loss of coverage.

Enrollment Timing Requirement

Pennsylvania state regulations require notification from the Qualified Beneficiary intent to elect with 30 days of receiving notice of the qualifying event.

Employer Notification to Insurance Carrier(s) Requirement

Pennsylvania state regulations require the employer to notify the insurance carrier(s) of the Qualified Beneficiaries election within 14 days of the election.