



Employer Notice of a Qualifying Event For State Continuation Coverage

Minnesota Under 20 State Continuation Groups

Date: _____

Qualified Beneficiary Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____

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 State continuation coverage:

- Termination of employment Employee's Medicare entitlement Start of bankruptcy proceeding by employer Disability
- Death of employee Cessation of dependent status Divorce or legal separation from employee
- Reduction in hours of employment due to (Reason: _____)

A Secondary Qualifying Event of _____ Occurred on _____

Health Coverage Information

Medical

- Single
- Employee + Spouse
- Employee + 1 Child
- Family

Life

- Single
- Employee + Spouse
- Employee + 1 Child
- Family

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 Minnesota State Continuation

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

Types of Qualifying Events

Minnesota regulations allow for the continuation of benefits for the following reasons:

- Employment Termination
- Death
- Divorce/Legal Separation
- Reduction in Hours
- Becoming an ineligible dependent
- Medicare Entitlement
- Disability

Continuation Benefits Available

Minnesota regulations require continuation coverage for fully-insured Medical and Life plans.

Length of State Continuation

Minnesota regulations require continuation coverage for a period of 18 months in the case of reduced hours or termination and 36 months for becoming an ineligible dependent or Medicare entitlement. The length of continuation for death or divorce is until the PQB is 65 years old. The length of continuation for disability is indefinitely. The maximum length for life insurance continuation, no matter what the event, is 18 months.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have 60 days to elect and pay for the first premium from the date the Qualified Beneficiary was given notice of their Continuation unless the event is death or divorce. In that case, the PQB has 60 days to elect and 90 days to pay for coverage.

[A maximum administration fee of 2% may be imposed on the PQB.]