



Employer Notice of a Qualifying Event for State Continuation Coverage

Missouri Under 20 State Continuation Groups

Date _____

Qualified Beneficiary Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____

E-Mail Address _____

City _____ State _____ ZIP _____

Date of Hire _____ Marital Status _____ Gender Male Female 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 Death of employee Divorce or legal separation from employee

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 • 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 Missouri State Continuation

TASC COBRA provides Missouri State Continuation for Employers in Missouri with 19 or less Employees who do not qualify for Federal COBRA Continuation. Missouri 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 covered under the Employer's Health Plan(s) for at least three months prior to the Qualifying Event. Continuation coverage is not available for any person who is or could be covered by Medicare or any other group policy that provides medical coverage.

Types of Qualifying Events

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

- Employment Termination
- Death
- Divorce or Legal Separation

Health Benefits Available

Missouri regulations require continuation coverage for fully-insured medical coverage plans. The regulations do not require continuation coverage for dental, vision or prescription drug plans.

Length of Continuation

Missouri regulations require continuation coverage for a period of 18 months from the date of loss of coverage. Coverage may be extended in certain circumstances up to 10 years for spouses age 55 or older if the Qualifying Event is the employee's death, divorce or legal separation.

Notification Requirement

Missouri regulations require notification to the Qualified Beneficiary of their continuation rights no later than the date that the coverage will terminate.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have 31 days to elect and pay for the first premium from the date of loss of coverage. The election must be received in writing.

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