



Employer Notice of a Qualifying Event for State Continuation Coverage

Colorado 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 _____ 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 Cessation of dependent status
- Reduction in hours of employment due to (Reason _____)
- Divorce or legal separation from employee
- A Secondary Qualifying Event of _____ Occurred on _____

Health Coverage Information

Medical

Dental

Vision

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

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

- _____
- 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 608-663-2753

The original document must be mailed as outlined in the Client Administrative Portfolio.

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TASC COBRA Guide for Colorado State Continuation

TASC COBRA provides Colorado State Continuation for Employers in Colorado with 19 or less Employees who do not qualify for Federal COBRA Continuation. Colorado 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 six months prior to the Qualifying Event.

Types of Qualifying Events

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

- + Employment Termination
- + Death
- + Divorce
- + Reduction in Hours
- + Becoming an Ineligible Dependent

Continuation Benefits Available

Colorado regulations require continuation for fully-insured group coverage plan including health, dental, vision, and prescription.

Length of Continuation

Colorado regulations require continuation coverage for a period of 18 months from the date of loss of coverage.

Notification Requirement

Colorado regulations require notification to the Qualified Beneficiary of their continuation rights no later than 10 days from the date of loss of coverage.

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.

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