



Employer Notice of a Qualifying Event For State Continuation Coverage

New York 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:

- | | | |
|---|---|--|
| <input type="radio"/> Termination of employment | <input type="radio"/> Employee's Medicare entitlement | <input type="radio"/> Death of employee |
| <input type="radio"/> Cessation of dependent status | <input type="radio"/> Divorce or legal separation from employee | <input type="radio"/> Reduction in hours |

A Secondary Qualifying Event of _____ Occurred on _____

Health Coverage Information

Medical

- 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 New York State Continuation

TASC COBRA provides New York State Continuation for Employers in New York with 19 or fewer Employees who do not qualify for Federal COBRA Continuation. New York regulations differ from Federal COBRA 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 1 day prior to the Qualifying Event.

Types of Qualifying Events

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

- Employment Termination
- Death
- Divorce
- Becoming an ineligible dependent
- Reduction in hours
- Employee becoming eligible for Medicare

Health Benefits Available

New York State Continuation regulations require continuation coverage for hospital, surgical, and medical coverage plan.

Length of State Continuation

New York State Continuation regulations require continuation coverage for a period of 36 months for termination, reduction in hours, death, divorce or becoming an ineligible dependent, or employee becoming eligible for Medicare entitlement.

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 State Continuation.

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