



# Employer Notice of a Qualifying Event For State Continuation Coverage

## *Connecticut 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
- Death of employee
- Cessation of dependent status
- Divorce or legal separation from employee
- Leave of Absence
- Layoff
- 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

### 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

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# TASC COBRA Guide for Connecticut State Continuation

TASC COBRA provides Connecticut State Continuation for Employers in Connecticut with 19 or fewer Employees who do not qualify for Federal COBRA Continuation. Connecticut COBRA 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

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

- Cessation of dependent status
- Employment Termination
- Leave of Absence
- Reduction in Hours
- Death or Divorce of employee
- Layoff
- Medicare Entitlement

## Health Benefits Available

Connecticut State regulations require continuation coverage for all fully-insured group health coverage plans.

## Length of State Continuation

Connecticut regulations require continuation coverage for a period of 30 months in the event of a layoff, leave of absence, employment termination, or reduction in hours. The continuation coverage in case of disability is also for 30 months. Continuation coverage is 36 months for employee enrollment in Medicare, divorce or legal separation, death, or loss of dependent status.

## 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.

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