



Employer Notice of a Qualifying Event for State Continuation Coverage

Arizona Under 20 State Continuation Groups

Date _____

Qualified Beneficiary Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____

Email 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
- Reduction in hours
- Death of employee
- Employee becoming Medicare-enrolled
- Divorce or legal separation from employee
- Dependent child losing eligibility

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 attach the document to a Service Request within MyTASC or 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 • 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 Arizona State Continuation

TASC COBRA provides Arizona State Continuation for Employers in Arizona with 19 or less Employees who do not qualify for Federal COBRA Continuation. Arizona 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, Medicaid or any other group policy that provides medical coverage.

Types of Qualifying Events

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

- Employment Termination
- Reduction in Hours
- Death
- Divorce or Legal Separation
- Employee becoming Medicare enrolled
- Dependent child ceasing to be enrolled as eligible dependent

Health Benefits Available

Arizona 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

Arizona regulations require continuation coverage for a period of 18 months from the date of loss of coverage. Coverage may be extended in certain circumstances for dependents determined by Social Security to be disabled or for certain military personnel. Secondary qualifying events may extend coverage for up to 36 months.

Notification Requirement

Arizona regulations require notification to the Qualified Beneficiary of their continuation rights no later than 30 days after the date of the qualifying event.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have up to 60 days to elect and then an additional 45 days to pay for the first premium from the date of the election notice. The election must be received in writing.

Special Rule Regarding Rate Changes

Arizona law requires that changes in rates be communicated to participants 30+ days in advance. TASC may fail to meet this standard if the client informs TASC of rate changes fewer than 45 days before the effective date. Any liability in this situation is the client’s responsibility.

(A maximum administration fee of 5% may be imposed on the PQB.)