



Employer Notice of a Qualifying Event for State Continuation Coverage

Georgia 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
- Dependent child losing eligibility
- 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 attach the document to a Service Request within MyTASC or fax the completed form(s) to 608-663-2753
The original document must be sent to TASC 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 Georgia State Continuation

TASC COBRA provides Georgia State Continuation for Employers in Georgia with 19 or less Employees who do not qualify for Federal COBRA Continuation. Georgia State regulations differ from Federal COBRA regulations in many aspects.

Eligibility Requirement

To be eligible for State Continuation, Employees must have been covered under the Employer’s Health Plan(s) for at least 6 months and have an aggregate of 18 months coverage in the state of Georgia.

Types of Qualifying Events

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

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

Health Benefits Available

Georgia regulations require continuation coverage for fully-insured major medical, hospital and surgical plans. The regulations do not require continuation coverage for dental, vision or prescription drug plans.

Length of Continuation

Georgia regulations require continuation coverage for the remainder of the month after the qualifying event plus 3 months.

Notification Requirement

Georgia 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 pay for coverage from the date of the election notice.

(No administration fee may be imposed on the PQB.)