



# Employer Notice of a Qualifying Event for State Continuation Coverage

*Massachusetts 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.

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## TASC COBRA Guide for Massachusetts State Continuation

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

### Eligibility Requirement

To be eligible for State Continuation, Employees, Spouses and Dependents must have been covered under the Employer's Health Plan(s).

### Types of Qualifying Events

Massachusetts 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

Massachusetts 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

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

### Notification Requirement

Massachusetts 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.

(A maximum administration fee of 2% may be imposed on the PQB. A maximum administration fee of 50% may be imposed on participants during a disability extension.)