



Employer Notice of a Qualifying Event for State Continuation Coverage

Ohio 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:

Involuntary termination of employment

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 Ohio State Continuation

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

Types of Qualifying Events

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

- Involuntary termination of employment

Health Benefits Available

Ohio regulations require continuation coverage for fully-insured medical coverage plans. The regulations do not require continuation coverage for dental or vision plans but it can be offered if desired. Check with your carriers before adding those plans to this document.

Length of Continuation

Ohio regulations require continuation coverage for a period of 12 months from the date of loss of coverage.

Notification Requirement

Ohio regulations require notification to the Qualified Beneficiary of their continuation rights no later than 31 days after the date of the loss the of coverage.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have up to 31 days from the loss of coverage date to elect and make their first payment.

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