



Employer Notice of a Qualifying Event For State Continuation Coverage

Delaware 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 _____ 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
- Cessation of dependent status due to age
- Reduction in hours of employment
- Death of employee
- Divorce or legal separation from employee

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 _____ TASC ID _____

Fill out form completely to ensure immediate processing. Please fax the completed form(s) to

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 Delaware State Continuation

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

Eligibility Requirement

To be eligible for State continuation, Employees and dependents who experience a Qualifying Event must have been covered under the Employer's Health Plan(s) for at least 3 months prior to the Qualifying Event.

Types of Qualifying Events

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

- Cessation of dependent status due to age
- Employment Termination
- Reduction in Hours
- Death or Divorce of employee
- Legal Separation

Health Benefits Available

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

Length of State Continuation

Delaware regulations require continuation coverage for a period of 9 months.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have 30 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.]