



# Employer Notice of a Qualifying Event for State Continuation Coverage

Virginia 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 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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CO-6332-090919



# TASC COBRA Guide for Virginia State Continuation

TASC COBRA provides Virginia State Continuation for Employers in Virginia with 19 or less Employees who do not qualify for Federal COBRA Continuation. Virginia 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 covered by Medicare or Medicaid.

## Types of Qualifying Events

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

- Any termination of eligibility for group health coverage prior to Medicare or Medicaid enrollment

## Health Benefits Available

Virginia 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

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

## Notification Requirement

Virginia regulations require notification to the Qualified Beneficiary of their continuation rights no later than 14 days after knowledge of loss of eligibility.

## Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have up to 60 days to elect and then an additional 31 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.)