

## COBRA Second Qualifying Event Form

This form is to notify Discovery Benefits of a second qualifying event.

### \*Required Fields

#### Step 1: Primary Qualified Beneficiary Information

\*Primary Qualified Beneficiary Name (First, MI, Last)

\*Social Security Number

\*Employer Sponsoring Benefits (Do not abbreviate)

\*Day Telephone

Email Address

#### Step 2: Second Qualifying Event Information

Please specify the type of second qualifying event as well as the date it occurred. Please also indicate the names of the persons who are affected by this change as well as their social security numbers and dates of birth.

\*Second Qualifying Event Date (mm/dd/yyyy):

\*Second Qualifying Event Type (Check one):

Death of former employee

Divorce or legal separation from the former employee

Dependent child ceasing to be a dependent

\*Person(s) Affected (Dependents)

\*Social Security Number(s)

\*Date(s) of Birth (mm/dd/yyyy)

\*Mailing Address of Person(s) Affected (please complete only if the dependents affected by the second qualifying event have a different address than the Primary Qualified Beneficiary):

\*Street Address

\*City

\*State

\*Zip

\*Day Telephone

Email Address

**Note:** In order to be eligible for an extended period of continuation coverage, this form must be completed and submitted within 60 days of the second qualifying event. If the second qualifying event is death of the former employee, a copy of the death certificate should be included as well. For divorce or legal separation from the former employee, a copy of the divorce decree or other relevant court document is also needed.

**IMPORTANT:** If applicable, any overpayment balance resulting from the second qualifying event will be refunded to the Primary Qualified Beneficiary unless otherwise indicated here:

Apply to Primary Qualified Beneficiary account

Apply to new account created due to second qualifying event

#### Step 3: Qualified Beneficiary Certification

I understand my submission of this form is a notification of the second qualifying event indicated above and that Discovery Benefits may need to create a new account for the person(s) affected. As a result, if I wish to have my premium payments automatically debited from a checking or savings account, I will need to submit an updated Automatic Payment (ACH) Request Form even though I may have previously been set up for ACH.

\*Qualified Beneficiary Signature

\*Date



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