## Cypress Dental Administrators Employer Notification of Qualifying Event Under Federal And State COBRA Form



**Employer:** Complete and return to Cypress Dental Administrators each time a covered employee has a qualifying event which causes them to be eligible for continuation of coverage under Federal or State COBRA.

Return within 30 days of the last day worked or qualifying event date to:

Cypress Dental Administrators, 7510 Shoreline Drive, Suite A-1, Stockton, CA 95219 Fax 209-478-5614
Toll Free 800-350-3989

Ple	ase print		
Em	oloyer/Company Name	Group Number	
Employer Phone		Employer Fax	
Em	oloyee Name	Employee's ID #	
Em	ployee Date of Birth		
Qualified beneficiary name (if other than employee)		Beneficiary Date of Birth	
Add	ress		
Ple	ase choose a billing option for this employee:		
	Keep employee on group bill at no additional premium		
	Direct bill employee for 110% of premium for Cal COBRA or 1029	% for Federal COBRA	
Qualifying event (check one)		Enter required date	
	Termination, resignation or reduction in employee hours	Date last worked	
	(Termination for gross misconduct is not a qualifying event for COBRA.,	)	
	Death of employee	Date of death	
	Divorce or legal separation	Date of divorce/separation	
	Disqualification of dependent child due to attained age	Date of change in status	
	Termination of domestic partnership	Date of dissolution	
Employer/group contact signature		Please print signature name	Date

Cypress Dental Administrators will fax a confirmation of receipt of this notification to the employer fax number provided above within 2 business days. Employer MUST submit this form within 30 days of qualifying event for COBRA eligibility. It is the employer's full responsibility to extend COBRA coverage to eligible employees and notify them and us of such eligibility.