

# Sample Notice of Extended Eligibility for COBRA Continuation Coverage Because of a Multiple Qualifying Event

Date of Notice: \_\_\_\_\_

<b>TO:</b>	(Employee*)	
	(Address)	
	(City, State, Zip Code)	
<b>FROM:</b>	(Plan Administrator)	
	(Address)	
	(Telephone Number)	

\* Provide a copy to the covered employee's spouse and/or dependents, if any.

The Plan Administrator of the Company's group health plan was notified that the following qualifying event occurred while you were receiving COBRA health care continuation coverage:

- \_\_\_\_\_ Death of covered employee
- \_\_\_\_\_ Covered employee's entitlement to Medicare\*\*
- \_\_\_\_\_ Covered employee's divorce or legal separation\*\*
- \_\_\_\_\_ Loss of dependent status

\*\* This is a second qualifying event only if it would have caused the Qualified Beneficiary to lose coverage under the group health plan if the first qualifying event had not occurred.

According to the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), this is a multiple qualifying event that may extend your eligibility for COBRA coverage up to an *additional* 18 months. Your COBRA coverage may last a total of 36 months from the date of the original qualifying event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

*This notice should not be construed as legal advice given by Salus Group or Zywave. Please contact Salus Group's V.P. of Compliance, Valerie Hovland for additional information at [vbrucehovland@thesalusgroup.com](mailto:vbrucehovland@thesalusgroup.com).*



