

COBRA Second Qualifying Event Form

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

Step 1: Primary Qualified Beneficiary Information

*=Required Fields

*Primary Qualified Beneficiary Name (First, MI, Last)	*Social Security Number		

*Previous Employer (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 (Check one)

Death of the former employee	Divorce or legal separation from the former employee	Dependent child's ceasing to be a dependent
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*Date of Second Qualifying Event (mm/dd/yyyy)

*Person(s) Affected (Dependents)	*Social Security Number(s)	*Date(s) of Birth

*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.

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 persons 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 ACH form even though I may have previously been set up for ACH.

*Qualified Beneficiary Signature	*Date

