

Employer Notification of Qualifying Event Under Cal-COBRA (SB 719)

For Employers with 2 to 19 Eligible Employees
(2 to 19 Employees on Payroll)

Employer: Complete and return to Blue Shield of California each time a covered employee has a qualifying event which causes them to be eligible for continuation coverage under the California Continuation Benefits Replacement Act (Cal-COBRA, California Senate Bill 719).

Return within 30 days of the qualifying event to:

Blue Shield of California
Cal-COBRA
PO Box 629009
El Dorado Hills, CA 95762-9009

Please Print

Employer Name _____

Group/Section Number _____

Employer Phone _____ Employer Fax _____

Qualified Beneficiary Name _____
(Member Eligible for Cal-COBRA)

Qualified Beneficiary Current Address _____

SSN _____ Date of Qualifying Event _____

Last Day Worked _____

Qualifying Event (Check One)

_____ Termination, resignation or reduction in employee hours

_____ Disqualification of dependent child under the plan

Name _____ SSN _____

_____ Divorce or legal separation of the covered employee

Name _____ SSN _____

_____ Death of the covered employee (for dependent qualification)

_____ Entitlement to Medicare Benefits by covered employee (for dependent qualification)

_____ Termination or reduction of hours due to disability

Employer Signature _____ **Date** _____

Blue Shield of California Cal-COBRA (800) 228-9476 Fax (916) 350-7480

Active Choice plans are underwritten by Blue Shield of California Life & Health Insurance Company.