

Blue Shield of California Employer Notification of Qualifying Event Under Cal-COBRA



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).

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

Email: small.group@blueshieldca.com

Mail: Blue Shield of California Cal-COBRA, P.O. Box 629009, El Dorado Hills, CA 95762-9009

Fax: (916) 350-7480

Please print

| | | | |
|---|---|-------|----------|
| Employer/company name | Group number | | |
| Employer phone | Employer fax | | |
| Employee name | Employee's Blue Shield ID or Social Security number | | |
| Qualified beneficiary name (if other than employee) | If coverage is ONLY for either of the following, check the box(es) that apply. <input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Dependent child | | |
| Address | City | State | ZIP code |
| Blue Shield ID or Social Security number | Date of birth | | |

Qualifying event (check one)

Enter required date

| | |
|--|-----------------------|
| <input type="checkbox"/> Termination, resignation, or reduction in employee hours | Last day worked |
| <input type="checkbox"/> Disqualification of dependent child under the plan of: | Qualifying event date |
| Dependent Social Security number | ID/SSN |
| <input type="checkbox"/> Divorce or legal separation | Qualifying event date |
| Spouse/domestic partner Social Security number | ID/SSN |
| <input type="checkbox"/> Employer entitlement to Medicare benefits by: | Qualifying event date |
| Spouse/domestic partner or dependent coverage ended due to employer eligibility/Medicare | ID/SSN |
| <input type="checkbox"/> Death of covered employee | Qualifying event date |
| | ID/SSN |
| <input type="checkbox"/> Termination of domestic partnership under the plan of: | Qualifying event date |
| | ID/SSN |

Group administrator/Producer of record (broker) signature

Please print signature name

Date

Broker tax ID/if applicable