



# Employer notification of qualifying event under Cal-COBRA

Blue Shield of California and  
Blue Shield of California Life & Health Insurance Company

Effective October 1, 2023

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

If submitting Cal-COBRA requests for multiple employees due to termination, resignation, or reduction in employee hours, you may alternatively use the Employee Cancellation Notification form, which streamlines entries for multiple employees onto one form.

**Return within 30 days of the last day of employment or qualifying event date by email at [small.group@blueshieldca.com](mailto:small.group@blueshieldca.com) or mail to Blue Shield of California Cal-COBRA, P.O. Box 3008, Lodi, CA 95241-1912**

## 1 Group, employee, qualified beneficiary identification

Group legal name		Blue Shield group ID number	
Employee name		Employee's Blue Shield ID or Social Security number	
Qualified beneficiary name (if other than employee)			
Street address of qualified beneficiary			
City	State	ZIP code	

## 2 Qualifying event details

Qualifying event date \_\_\_\_\_ For termination/resignation, the qualifying event date is the last day of employment.  
For reduction in employee hours, the qualifying event date is the cancellation date.  
For all others, it's the qualifying event date.

Choose **one** qualifying event:

<input type="checkbox"/> Termination, resignation, reduction in employee hours	<input type="checkbox"/> Disqualification of dependent child
<input type="checkbox"/> Employee entitlement to Medicare benefits	<input type="checkbox"/> Divorce or legal separation
<input type="checkbox"/> Death of covered employee	<input type="checkbox"/> Termination of domestic partnership

## 3 Signature

**For your protection, California law requires the following to appear on this form:** Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X _____ Group administrator or producer of record (broker) signature	_____ Date
_____ Printed signature name	_____ Broker Tax ID (if submitted by broker)