

CATHOLIC DIOCESE OF JACKSON HEALTH INSURANCE PROGRAM

INSTRUCTIONS FOR COMPLETING NOTIFICATION OF COBRA QUALIFYING EVENT

NOTE: This form is to be used by an employer representative to notify the Catholic Diocese of Jackson and Insurance Consulting Group of any covered employee changes that would result in loss of coverage for employee or dependent. The information concerning the employee should always be completed even when the qualifying event concerns the dependent only. Dependent information is entered on the second half of the form.

1. "Name of Employee" – Enter the employee's full name.
2. "Health Insurance ID #" – Enter the employee's ID number that appears on their card. You can also find it on the premium invoice from Blue Cross.
3. "Employer – School/Parish or Other" – Enter the full name of your school, parish or other employing entity. Example: St. Joseph Catholic Church
4. "City/Town" – Enter the city in which the employing entity is located.
5. "Location #" – Enter the location # which appears to the right of the employers name in the lower left hand corner of the monthly health insurance premium billing from Blue Cross-Blue Shield.
6. "Qualifying Event Date" – Enter the date of the event that would normally result in the employee/dependent's loss of health insurance coverage. For example, if the covered person is terminating employment, enter the date of their last day of work. If a covered dependent child has lost their student status, the first day that they could have been enrolled in school and attending, but were not.
7. "Qualifying Events Pertaining to Employees" – Enter a check mark on the line next to the phrase that describes the qualifying event applicable to the covered employee.
8. "Coverage Type" - Mark with check marks all benefits that pertain to the named employee.
9. "Qualifying Events Pertaining to Dependents:" – Enter a check mark next to the phrase that describes the qualifying event applicable to the covered dependent.
10. "Name of Dependent(s)" – Enter the full name of the dependent/dependents affected by the qualifying event.
11. "Employer Representative" – Signature of the person designated by the employing entity to complete this form.
12. "Date" – Enter the date the form is signed.

NOTE: If the employee had medical coverage, the diocese will notify our Cobra carrier to offer coverage through Cobra. An election package will be mailed – coverage is not automatically extended. It must be elected and payment made. Also, as soon as the medical coverage is terminated, BCBS will send a letter of creditable coverage which is necessary when getting other insurance coverage.