

Notice of COBRA Qualifying Event: (Form & Notice Procedures)

This form (including the Procedures for Notice of a COBRA Qualifying Event appearing at the end of this form) is part of the Plan's COBRA Notice Procedures. For more information about this form, the Plan's Notice Procedures, and your COBRA rights and obligations, consult the Plan's Summary Plan Description and the other provisions of the Plan's COBRA notices. (You may obtain copies of these documents from the Cherokee County Personnel Department.)

When to Use This Form:

Use this form when any of the following events (qualifying events) occurs:

- A spouse covered under the Plan becomes divorced or legally separated from the covered employee;
- The covered employee reduced or eliminated his or her spouse's Plan coverage in anticipation of their divorce or legal separation, and the anticipated divorce or legal separation has subsequently occurred; or
- A child covered under the Plan ceases to be a dependent under the terms of the Plan.

Deadline:

The deadline for providing this Notice of Qualifying Event is **60 days after the later of (1) the qualifying event; and (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the qualifying event.**

Notice Procedures:

You must follow the Procedures for Notice of Qualifying Event appearing at the end of this form

Warning: If your notice is late, or if it is not completed and provided to the Company/Administrator as described in the Procedures for Notice of Qualifying Event appearing at the end of this form, no qualified beneficiary will be offered COBRA coverage.

Complete The Following Information:

Identify the Covered Employee (the employee or former employee who is or was covered under the Plan):

Print name of employee _____

Address of employee _____

Event Description (Check one and complete):

Qualifying Event: Employee and spouse: (check one) divorced legally separated

Print name of spouse: _____

Address of spouse: _____

Date of divorce or legal separation: _____

Is a copy of the decree of divorce or legal separation enclosed with this notice? Yes No

Qualifying Event-Employee's child ceased to be an eligible dependent under the Plan

Print name of child: _____

Address of child: same as employee's address different address (provide address)

Reason child ceased to be eligible dependent (check one): attained age lost student status
 married other (explain) _____

Date of event causing loss of dependent eligibility: _____

Certification, Signature, and Date

I certify that the above information is true and correct

I am the (check one): employee or former employee spouse or former spouse

former dependent child Other (explain) _____

Signature _____ Date _____

Print Name _____

Address _____

Telephone Number _____

For Plan Use Only:

Date Notice of Qualifying Event received: _____

Date of postmark, if mailed: _____

Divorce decree enclosed? Yes No N/A

Decree of legal separation enclosed? Yes No N/A

Comments: _____

Procedures for Notice of Qualifying Event

How to Provide Notice of Qualifying Event

You must mail or deliver this notice in person to:

Human Resources Manager
Cherokee County
75 Peachtree Street
Murphy, NC 28906

This contact information may change from time to time. The most recent contact information will be included in the Plan's most recent Summary Plan Description (if you do not have a copy, you may request one from the Cherokee County Personnel or your claim administrator).

Your notice must be in writing (using this form) and must be mailed or hand-delivered. Oral notice, including notice by telephone, is not acceptable. Electronic (including e-mailed or faxed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Qualifying Event form. If hand-delivered, your notice must be received by the individual at the address specified above no later than the deadline described on the first page of this form.

Required Form and Information for Notice of Qualifying Event

You must use this form of Notice of Qualifying Event to notify the Cherokee County of a qualifying event (i.e., the divorce or legal separation or a child's loss of dependent status), and all of the applicable items on the form must be completed.

If you are notifying the Cherokee County of a divorce or legal separation, your notice must include a copy of the decree of divorce or legal separation.

If your coverage is reduced or eliminated and later a divorce or legal separation occurs, and you are notifying Cherokee County Administrator that your Plan coverage was reduced or eliminated in anticipation of the divorce or legal separation, **you must provide notice within 60 days of the divorce or legal separation** in accordance with these Procedures for Notice of Qualifying Event and must in addition provide evidence satisfactory to the Administrator that your coverage was reduced or eliminated in anticipation of the divorce or legal separation.

Incomplete Notice of Qualifying Event

If you provide a written notice that does not contain all of the information and documentation required by these Procedures for Notice of Qualifying Event, such a notice will nevertheless be considered timely if **all** of the following conditions are met:

- the notice is mailed or hand-delivered to the individual and address specified above;
- the notice is provided by the deadline described on the first page of this form;
- from the written notice provided, the Company/Administrator is able to determine that the notice relates to the Plan;
- from the written notice provided, the Company/Administrator is able to identify the covered employee and qualified beneficiary(ies), the qualifying event (the divorce, legal separation, or child's loss of dependent status), and the date on which the qualifying event occurred; and,

- the notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Procedures for Notice of Qualifying Event) within 15 business days after a written or oral request from the Company/Administrator for more information (or, if later, by the deadline for this Notice of Qualifying Event described on the first page of this form).

If any of these conditions are not met, the incomplete notice will be rejected and COBRA will not be offered. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation and will accept the notice as timely.

Who May Provide Notice of Qualifying Event

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary with respect to the qualifying event, or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

Additional Evidence of Date of Qualifying Event May Be Required

If your notice was regarding a child's loss of dependent status, you must, if the Company/Administrator requests it, provide documentation of the date of the qualifying event that is satisfactory to the Company/Administrator (for example, a birth certificate to establish the date that a child reached the limiting age, a marriage certificate to establish the date that a child married, or a transcript showing the last date of enrollment in an educational institution). This will allow the Company/Administrator to determine if you gave timely notice of the qualifying event and were consequently entitled to elect COBRA.

If you do not provide satisfactory evidence within 15 business days after a written or oral request from the Company/Administrator that the child ceased to be a dependent on the date specified in your Notice of Qualifying Event, his or her COBRA coverage may be terminated (retroactively if applicable) as of the date that COBRA coverage would have started. The Company/Administrator will require repayment to the Plan of all benefits paid after the termination date.