

**GROUP ADMINISTRATORS, LTD.**  
**915 National Parkway, Suite F**  
**Schaumburg, IL. 60173 (847) 519-1880**

**TERMINATION / COBRA ACTION REPORT**

Company Name: \_\_\_\_\_ Division No: \_\_\_\_\_  
 Company Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Employee Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

**Qualifying Event Information**

<u>Type of Event</u>	<u>Date of Event</u>	<u>Date of Loss of Coverage</u>
[ ] Termination/Quit/Layoff	_____	_____
[ ] Reduction in Hours/Leave of Absence	_____	_____
[ ] Employee Death	_____	_____
[ ] Divorce or Legal Separation*	_____	_____
[ ] Loss of Dependent Status*	_____	_____
[ ] Medicare Eligibility	_____	_____
[ ] Eligible for USERRA (Military Reserve Call Up)	_____	_____

If COBRA billing is not to commence on the Date of Loss of Coverage, indicate beginning date: \_\_\_\_\_

Is this a Secondary Event? Y N (Please Circle) If Yes, date of original event: \_\_\_\_\_

\*For Divorce or Dependents Loss of Status, please complete the information below:

<u>Name of Dependent (s)</u>	<u>Address, if other than indicated above</u>	<u>Date of Birth</u>	<u>Social Security No.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Plan Information**

<u>Eligibility Criteria</u>	<u>Plan of Benefits</u>	<u>Name of Plan</u>
Employee Only [ ]	Medical [ ]	_____
Employee & Spouse [ ]	Dental [ ]	_____
Employee & Child [ ]	Vision [ ]	_____
Employee & Children [ ]	Rx [ ]	_____
Employee & Family [ ]	EAP [ ]	_____
Spouse Only [ ]	Section 125 [ ]	_____
Child Only [ ]	Other [ ]	_____

**Certificate of Coverage Information**

Initial Date of Coverage \_\_\_\_\_ Waiting Period\* \_\_\_\_\_ Days  
 Medical \_\_\_\_\_ Days  
 Dental \_\_\_\_\_ Days  
 Vision \_\_\_\_\_ Days

If initial Date of Coverage is not available, does the individual(s) have at least 18 months of creditable coverage?  
 YES NO (Please Circle)

\*Note: if your waiting Period is "1<sup>st</sup> of the month following # # days" the number of waiting period days will vary by employee.