

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 to:

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

Phone: (800) 228-9476, fax: (916) 350-7480

Please print

Employer/company name		Group number
Employer phone		Employer fax
Employee name	Date of birth	Employee's Blue Shield ID or Social Security number
Qualified beneficiary name (if other than employee)		If coverage is for dependent or spouse ONLY, please choose one <input type="checkbox"/> Spouse/domestic partner <input type="checkbox"/> Dependent child
Address		
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: Dependent Social Security number	Qualifying event date ID/SSN
<input type="checkbox"/> Divorce or legal separation Spouse/domestic partner Social Security number	Qualifying event date ID/SSN
<input type="checkbox"/> Employer entitlement to Medicare benefits by: Spouse/domestic partner or dependent coverage ended due to employer eligibility/Medicare	Qualifying event date 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/group contact signature	Please print signature name	Date
Producer of record (broker) signature	Please print signature name	Date
Producer/broker tax ID		