P.O. Box 43653 Louisville, KY 40253-0653
(502) 244-1161 (800) 919-BMSI FAX (502) 244-1162 ***www.bmsllc.net***

COBRA Qualifying Event Notification Form

Employee Name: _____

Employee Address: _____

City:_____State:_____Zip:_____

Social Security #:_____-_____-_____ Date of Birth: _____ Male:____ Female:_____

Date of Hire:_____ Benefit Begin Date:_____ Qualifying Event Date:_____

Qualifying Event: (please check one)

	Termination of a covered employee's employment (other than gross misconduct) Please indicate below whether termination was voluntary or involuntary. _____ Voluntary _____ Involuntary
	A Reduction in a covered employee's hours of employment
	The death of a covered employee, please list detailed information below
	A divorce or legal separation from the covered employee, please list detailed information below
	Ceasing to be a dependent child under the terms of the plan
	The covered employee becomes eligible for Medicare, please list date eligible

Qualified Beneficiaries	Relationship to Employee	Date of Birth	Social Security Number

Coverage Currently Provided to Employee and/or Qualified Beneficiaries.
(Please note total cost of monthly premiums – do not include the additional 2% in the calculation. Also please list the detailed carrier information as outlined below.)

~~	Health Insurance	Carrier Name & Plan Name	Monthly Premium
	Employee Only		
	Employee + Child(ren)		
	Employee + Spouse		
	Family		

~~	Dental Insurance	Carrier Name & Plan Name	Monthly Premium
	Employee Only		
	Employee + Child(ren)		
	Employee + Spouse		
	Family		

_____ Other (Please note if: FSA, HRA, Vision, EAP, Etc.):_____

I certify that the beneficiary noted above has incurred a qualifying event and is now eligible for COBRA. I have notified the Plan Administrator (BMS LLC) within a maximum of 30-day period in order for the Administrator to proceed with notifying the qualified beneficiary within the required timeframe.

Employer's signature: _____Date: _____

Company Name: _____

Please return this form to:
BMS LLC – Attn: COBRA Administrator Fax (502) 244-1162 or e-mail: cobra@bmsllc.net or
Enter Online at: www.MyTPAOnline.com

Accepted and Completed by BMS LLC Rep: _____ Date: _____