



Employer Notice of a Qualifying Event for State Continuation Coverage

Wisconsin Under 20 State Continuation Groups

Date: _____

Qualified Beneficiary Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____

City _____ State _____ ZIP _____

E-Mail Address _____

Date of Hire _____ Marital Status _____ Gender Male Female Social Security Number _____

On _____, the above qualified beneficiary incurred the following "qualifying event" which caused the qualified beneficiary to lose group health coverage and thus to be eligible for State continuation coverage:

- Termination of employment
 Death of employee
 Divorce or annulment from employee
 Reduction in Hours
 Loss of Dependent Status

Health Coverage Information

- Single
 Employee + Spouse
 Employee + Child(ren)
 Family

Name of Medical Plan: _____

Dependent(s) on Plan, if any

Name _____ Relationship _____ SSN _____

Date of Birth _____ Address if different from Employee's address _____

Name _____ Relationship _____ SSN _____

Date of Birth _____ Address if different from Employee's address _____

Name _____ Relationship _____ SSN _____

Date of Birth _____ Address if different from Employee's address _____

Coverage under the Plan will terminate on _____. Please send the aforementioned person (and his or her spouse and dependent child(ren), if any) the appropriate election notices and forms for State continuation coverage.

Signature _____ Employer Name _____ Client ID _____

Fill out form completely to ensure immediate processing.
 Please fax the completed form(s) to 608-663-2753
 The original document must be mailed as outlined in the Client Administrative Portfolio.

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TASC COBRA Guide for Wisconsin State Continuation

TASC COBRA provides Wisconsin State Continuation for Employers in Wisconsin with 19 or less Employees who do not qualify for Federal COBRA Continuation. Wisconsin State regulations differ from Federal COBRA regulations in many aspects.

Eligibility Requirement

To be eligible for State Continuation, Employees who experience a Qualifying Event must have been covered under the Employer's Health Plan(s) for at least three months prior to the Qualifying Event.

Types of Qualifying Events

Wisconsin regulations allow for the continuation of benefits for the following reasons:

- Employment Termination
- Death
- Divorce or Annulment
- Reduction in Hours
- Loss of Dependent Status Between the Ages of 19 and 23

Health Benefits Available

Wisconsin regulations require continuation coverage for fully-insured medical and hospitalization coverage plans.

Length of Continuation

Wisconsin regulations require continuation coverage for a period of 18 months from the date of loss of coverage.

Notification Requirement

Wisconsin regulations require notification to the Qualified Beneficiary of their continuation rights no later than 5 days from date of the loss of coverage.

Qualified Beneficiary Election Period

Participating Qualified Beneficiaries have 30 days to elect and pay for the first premium from the date the Qualified Beneficiary was given notice of their Continuation.