



Employer Notice of a Qualifying Event for State Continuation Coverage

Texas Under 20 State Continuation Groups

Date _____

Qualified Beneficiary Information

Last Name _____ First Name _____ Middle Name _____

Address _____ Date of Birth _____

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 coverage
 Death of employee
 Divorce or legal separation from employee
 Retirement

Health Coverage Information

Medical
 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.

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-663-2753 • www.tasconline.com

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TASC COBRA Guide for Texas State Continuation

TASC COBRA provides Texas State Continuation for Employers in Texas with 19 or less Employees who do not qualify for Federal COBRA Continuation. Texas 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 if the event is termination. For Qualifying Events of death, divorce or retirement, the PQB must have 1 year of prior coverage in order to qualify for state continuation. Continuation coverage is not available for any person who is eligible for or covered by Medicare.

Types of Qualifying Events

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

- Employment Termination
- Retirement
- Death
- Divorce

Health Benefits Available

Texas regulations require continuation coverage for medical coverage plans. The regulations do not require continuation coverage for dental, vision or prescription drug plans.

Length of Continuation

Texas regulations require continuation coverage for a period of 9 months from the date of loss of coverage if the Qualifying Event is termination. If the Qualifying Event is death, divorce or retirement, the length of continuation coverage is 36 months.

Notification Requirement

If the Qualifying Event is termination, Texas regulations require notification to the Qualified Beneficiary of their continuation rights 30 days prior to termination or immediately following the termination. If the Qualifying Event is death, divorce or retirement, notification is required within 15 days of loss of coverage.

Qualified Beneficiary Election Period

If the Qualifying Event is termination, Participating Qualified Beneficiaries have 31 days to elect and pay for the first premium from the date of termination or notification. If the Qualifying Event is death, divorce or retirement, Participating Qualified Beneficiaries have 60 days to elect and pay for coverage.