

NOTICE BY QUALIFIED COBRA BENEFICIARY

Instructions: Print This Form then Complete, Date, Sign and mail or Fax this Notice by Qualified COBRA Beneficiary form to BCL Systems, Inc. by the deadline (see Section IV below) after any of the following events occurs.

- ✓ A spouse who is receiving continuation coverage has divorced from the covered employee
- ✓ A child who is receiving continuation coverage has ceased to be a dependent under the terms of the group health plan
- ✓ The covered employee dies.
- ✓ The Social Security Administration has determined that a qualified beneficiary was disabled on any day of the first 60 days after the date of termination of the employee's employment or reduction in employee's hours of work.
- ✓ The maximum period of continuation coverage was extended for up to 11 months due to a qualified beneficiary's disability, but the Social Security Administration has later determined that he or she is no longer disabled.

In addition to this form you must provide the following documentation (where appropriate):

- ✓ If the spouse has become divorced, provide a copy of the decree of divorce.
- ✓ If a qualified beneficiary is determined to be disabled or to be no longer disabled, provide a copy of the Social Security Administration's determination.
- ✓ If the employee dies, provide a copy of the death certificate.

If you cannot provide a copy of the divorce decree, death certificate or the Social Security Administration's disability determination letter within the deadline (see Section IV below), complete and provide this notice to the COBRA Administrator, BCL Systems, Inc. by the deadline and submit the additional documentation as soon as possible, but no later than the end of the original maximum COBRA coverage period. Your Notice will be timely. ***However, no extension of continuation coverage (in the case of divorce or disability determination) will be available until a copy of the decree or determination is provided.***

Mail the Notice by Qualified COBRA Beneficiary Form to BCL Systems, Inc. PO Box 307, Fox River Grove, IL 60021 or Fax it to BCL Systems, Inc. at (847) 516-2952.

If you have any questions or need assistance completing this form, please contact BCL Systems, Inc. at 1-888-805-3915.

Section I: COBRA Participant Information

(Please Print)

| | |
|---|--|
| Name of Employer: | Name of Employee: |
| Employee Social Security Number: | |
| Name of COBRA Participant(s) (ie person(s) for whom this form applies): | |
| Address: | Phone Number: (including area code) |

Section II: Event Description (Check one and complete)

Second Qualifying Event – Employee and Spouse are Divorced

Date of Divorce: _____
[Attach a copy of the Divorce Decree to this Notice]

Second Qualifying Event – Employee’s child ceased to be eligible dependent under the Plan

Reason child ceased to be eligible dependent (check one) Attained Age
 Lost Student Status Marriage Other (explain)

Second Qualifying Event – Death of covered employee

Date of employee’s death _____
[Attach a copy of the Death Certificate to this Notice]

Disabled Qualified Beneficiary

Date Disability Began _____

Date of Social Security Administration’s Determination _____
[Attach a copy of the Social Security Administration’s Determination or Award Letter to this Notice]

Current Disabled COBRA Participant has lost disabled status

Date Disability ended: _____

Date of Social Security Administration’s Determination _____
[Attach a copy of the Social Security Administration’s Determination or Award Letter to this Notice]

Section III: Certification, Signature and Date:

I certify that the above information is true and correct.

I am the (check one): Employee Spouse or Former Spouse
 Former Dependent Child Other (explain) _____

Signature

Date

Print Name

MAIL THIS FORM TO:

BCL SYSTEMS, INC.
PO BOX 307
FOX RIVER GROVE, IL 60021

OR FAX TO:

(847) 516-2952

Section IV: Deadline

| If you are providing the notice of | The Deadline for providing Notice by Qualified COBRA Beneficiary is: |
|---|---|
| A second qualifying event (divorce, employee's death or child's loss of eligibility as a dependent) | 60 days after the date of the second qualifying event |
| A disability determination | 60 days after the date of Social Security Administration's disability determination and within the initial 18-month COBRA coverage period |
| A determination that a qualified beneficiary is not longer disabled | 30 days after the date of Social Security Administration's disability determination |

If you are providing notice of a second qualifying event or a disability determination, your Notice by Qualified COBRA Beneficiary form must be postmarked or received by BCL Systems, Inc. by the deadline. If your Notice is late, the extension of continuation coverage is lost, and continuation coverage ends no later than the end of the initial 18-month coverage period.