

Qualified Life Event Form

COBRA Qualified Life Event Process:

1. Read the instruction page in its entirety
2. Complete all sections of this form
3. Email, fax, or mail completed form **and all supporting documents** to:

Email: COBRArequests@marshmma.com

Fax: 1-800-595-4642

Mail: Attn. COBRA & Billing
My Benefits Service Center
P.O. Box 350
Conshohocken, PA 19428

Part I Consumer Information (Please Print)					
Company		Qualified Beneficiary Name (First, M, Last)		Date of Birth (MM-DD-YYYY)	
Address				Member ID Number	
City		State		ZIP Code	
Email Address				Daytime Phone	
Part II Dependent Information (Please only list dependents to be added/removed)					
1	Dependent Name (First, Last)	SSN (###-##-####)	Date of Birth (MM/DD/YYYY)	Relationship	Gender
2	Dependent Name (First, Last)	SSN (###-##-####)	Date of Birth (MM/DD/YYYY)	Relationship	Gender
3	Dependent Name (First, Last)	SSN (###-##-####)	Date of Birth (MM/DD/YYYY)	Relationship	Gender
4	Dependent Name (First, Last)	SSN (###-##-####)	Date of Birth (MM/DD/YYYY)	Relationship	Gender
5	Dependent Name (First, Last)	SSN (###-##-####)	Date of Birth (MM/DD/YYYY)	Relationship	Gender
Part III Qualified Life Event Information/Changes Requested					
Event Type (Please refer to instruction page)				*Event Date (MM/DD/YYYY)	
Please check this box if cancelling all COBRA plans for all covered individuals: <input type="checkbox"/>					
Otherwise, please complete the following sections.					
Coverage Type	Plan Name	Individuals to be added/removed (Self and/or dependents 1, 2, 3 etc.)		Action to be taken (add/remove)	
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***Please note:** Your Qualified Life Event Date may be different than the effective date of the changes. Please be sure to review Effective Date Rules on the following page

Qualified Life Events/Effective Dates	<table border="1"> <thead> <tr> <th>Qualified Life Event Type</th> <th>Supporting Documentation</th> <th>Secondary Qualifying Event*</th> <th>Effective Date</th> </tr> </thead> <tbody> <tr> <td>Birth/Adoption</td> <td>Copy of Birth Certificate / Hospital Record or Adoption Paperwork</td> <td>No</td> <td>Qualified Life Event Date</td> </tr> <tr> <td>Marriage</td> <td>Copy of Marriage Certificate</td> <td>No</td> <td>Qualified Life Event Date</td> </tr> <tr> <td>Divorce / Legal Separation*</td> <td>Copy of Divorce Decree / Separation Agreement</td> <td>Yes*</td> <td>Qualified Life Event Date</td> </tr> <tr> <td>Self or Dependent gained coverage from elsewhere (Drop Coverage)</td> <td>Document showing gain of coverage</td> <td>No</td> <td>End of the Month</td> </tr> <tr> <td>Dependent loss of other coverage (Add Coverage)</td> <td>Document showing loss of coverage</td> <td>No</td> <td>Qualified Life Event Date</td> </tr> <tr> <td>Death of a dependent</td> <td>Copy of Death Certificate</td> <td>No</td> <td>Qualified Life Event Date</td> </tr> <tr> <td>Death of the named Qualified Beneficiary*</td> <td>Copy of Death Certificate</td> <td>Yes*</td> <td>Qualified Life Event Date</td> </tr> </tbody> </table>	Qualified Life Event Type	Supporting Documentation	Secondary Qualifying Event*	Effective Date	Birth/Adoption	Copy of Birth Certificate / Hospital Record or Adoption Paperwork	No	Qualified Life Event Date	Marriage	Copy of Marriage Certificate	No	Qualified Life Event Date	Divorce / Legal Separation*	Copy of Divorce Decree / Separation Agreement	Yes*	Qualified Life Event Date	Self or Dependent gained coverage from elsewhere (Drop Coverage)	Document showing gain of coverage	No	End of the Month	Dependent loss of other coverage (Add Coverage)	Document showing loss of coverage	No	Qualified Life Event Date	Death of a dependent	Copy of Death Certificate	No	Qualified Life Event Date	Death of the named Qualified Beneficiary*	Copy of Death Certificate	Yes*	Qualified Life Event Date	<p>*These are considered a Secondary COBRA Qualifying Event for dependent(s) who lose coverage as a result. For more information regarding possible COBRA Extensions, please read further on the following page.</p>
	Qualified Life Event Type	Supporting Documentation	Secondary Qualifying Event*	Effective Date																														
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Payments/Premiums	<p>Please Note: In the event your Qualified Life Event results in a retroactive increase to premiums that have already otherwise been paid, <u>all additional premiums must be paid within the allowed payment grace period for your account to remain active.</u></p> <p>Please log in to your account at cobra-link.com to review any changes to your premiums in advance of your latest allowed payment postmark date.</p>																																	
Recurring Payments	<p>As part of your participation in COBRA, we offer participation in automatic recurring ACH payments for your monthly premiums.</p> <p>If you have elected to participate in automatic recurring ACH payments, please be sure to log in to your account at cobra-link.com to review your payment method in advance of any future scheduled payment dates.</p> <p>Any existing payments on file will be subject to our refund process, as applicable, detailed below.</p>																																	
Refunds/Transfers	<p>If cancelling all COBRA plans for all enrolled individuals: Refunds for any unallocated payments will automatically process on our end of month refund cycle and be mailed to your address on file. No further action is needed to request a refund if cancelling all plans for all covered individuals.</p> <p>Please allow up to 30-45 days from the time of your cancellation for receipt of any refunds.</p> <p>If retaining COBRA benefits for yourself: Any unallocated payments will remain on your account as a credit towards future premiums, if any. (continued below)</p>																																	

Refunds/Transfers continued	<p>To request a refund of unallocated payments while your account is still active, please also complete and return the Refund/Transfer of Payment Request Form. Please allow up to 30-45 days from the time of your request for receipt of any refunds.</p> <p>If retaining any COBRA benefits for only dependent(s): A new account will be created in your dependent(s) name for any coverages you've cancelled for yourself, but in which they remain enrolled. If cancelling all coverages for yourself, existing accounts in your name will be terminated accordingly.</p> <p>To request a transfer of unallocated payments from your account to theirs, please also complete and return the Refund/Transfer of Payment Request Form.</p>
COBRA Secondary Qualifying Events	<p>Divorce/Legal Separation: Any terminated dependent(s) will be eligible to continue COBRA for a total duration of 36 months from the date you/they initially became eligible for COBRA. They will be set up on their own account and notice will be mailed to your address on file.</p> <p>Death of the named Qualified Beneficiary: In the event you are enrolled in COBRA through a spouse or parent who has passed away, we would like to extend our condolences.</p> <p>Please contact your Benefits Service Center at 800-580-6854, 8:30 am - 5:30 pm EST, Monday-Friday to speak with an Employee Advocate to request a Death Certification Form and an Employee Advocate will be able to assist you further.</p>
Notification:	<p>All notifications of changes to your COBRA elections and premiums will be mailed to your address on file and viewable through your online account at cobra-link.com.</p> <p>If you have any questions regarding the status of your request, please contact your Benefits Service Center at 800-580-6854, 8:30 am - 5:30 pm EST, Monday-Friday to speak with an Employee Advocate.</p>
Reporting Timeframe	<p>All COBRA Qualified Life Events must be reported within 60 days of the event date and must be accompanied by the required supporting documentation.</p>

I certify that I am the proper party to request changes to this account and that all information provided by me is true and accurate. I acknowledge I have read and understand all instructions provided. My signature below serves as my authorization to change the listed coverages for the listed individuals.

Signature

Date (MM/DD/YYYY)