

**NOTICE OF SECOND QUALIFYING EVENT**  
**(Form & Notice Procedures)**

For more information about this form, the Plan's notice procedures and your COBRA rights and obligations, consult the Plan's COBRA general notice and election notice. (You may obtain copies of these documents from ACS Benefit Services, Inc. or the Plan Administrator or on the ACS Benefit Services, Inc. website at www.acsbenefitservicesinc.com).

**When to Use This Form:**

Use this Notice of Second Qualifying Event when any of the following events (second qualifying events) occurs:

- A spouse who is receiving COBRA coverage becomes divorced or legally separated from the covered employee;
- A child who is receiving COBRA coverage ceases to be a dependent under the terms of the Plan; or
- The covered employee dies while one or more qualified beneficiaries are receiving COBRA coverage.

**Deadline:**

The deadline for providing this Notice of Second Qualifying Event is sixty (60) days after the later of (1) the date of the second qualifying event; and (2) the date on which the covered spouse or dependent child would lose coverage under the terms of the Plan as a result of the second qualifying event (if this event had occurred while the qualified beneficiary was still covered under the Plan).

**Notice Procedures:**

You must follow the Notice Procedures for Notice of Second Qualifying Event appearing at the end of this form.

**Warning: If your notice is late, or if it is not completed and provided to the Plan Administrator as described in the Notice Procedures for Notice of Second Qualifying Event appearing at the end of this form, no extended coverage will be available to any qualified beneficiary.**

**Complete This Portion:**

**Identify the Covered Employee Who Was Covered Under the Plan:**

Print name of employee \_\_\_\_\_ SS# \_\_\_\_\_  
Address of employee \_\_\_\_\_  
Name of Health Plan \_\_\_\_\_ Plan ID # \_\_\_\_\_

**Identify Initial Qualifying Event** (the event that started your COBRA coverage) (Check one and complete):

Termination of employment     Reduction of hours  
Date of Initial Qualifying Event: \_\_\_\_\_

**Identify All Qualified Beneficiaries:**

Print name(s) of all qualified beneficiaries who lost coverage due to the initial qualifying event and who are still receiving COBRA coverage now:

\_\_\_\_\_  
\_\_\_\_\_

Address of each qualified beneficiary:  same as employee's address     different address (provide address)

\_\_\_\_\_

**Identify Second Qualifying Event** (Check one and complete):

- Second Qualifying Event - Employee and spouse  
(check one)  divorced  legally separated  
Print name of spouse: \_\_\_\_\_  
Address of spouse: \_\_\_\_\_  
Date of divorce or legal separation: \_\_\_\_\_  
Is a copy of the decree of divorce or legal separation enclosed with this notice?  Yes  No
- Second Qualifying Event - Employee's child ceased to be an eligible dependent under the Plan  
Print name of child: \_\_\_\_\_  
Address of child:  same as employee's address  different address (provide address) \_\_\_\_\_  
Reason child ceased to be eligible dependent (check one)  attained maximum age  lost student status  
 married  other (explain) \_\_\_\_\_  
Date of event causing loss of dependent eligibility: \_\_\_\_\_
- Second Qualifying Event - Death of covered employee  
Date of employee's death: \_\_\_\_\_

**Certification, Signature and Date:**

I certify that the above information is true and correct.

I am the (check one):  former employee  spouse or former spouse  former dependent child

other (explain) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

**Notice Procedures for Notice of Second Qualifying Event**

**How to Provide Notice of Second Qualifying Event**

You must mail, fax or hand deliver this notice to:

ACS Benefit Services, Inc.  
ATTN: COBRA Coordinator  
8025 North Point Boulevard, Ste. 100  
Winston-Salem, NC 27106  
Fax No. (336) 759-2741

Your notice must be in writing and must be mailed, faxed or hand-delivered. Oral notice, including notice by telephone, is not acceptable. Electronic (including e-mailed) notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described on the first page of this Notice of Second Qualifying Event form. If faxed or hand-delivered, your notice must be received by the individual at the address specified above no later than the deadline described on the first page of this form.

### **Information for Notice of Second Qualifying Event**

You should use this form of Notice of Second Qualifying Event to notify the Plan Administrator of a second qualifying event (i.e., the divorce or legal separation, the covered employee's death or a child's loss of dependent status), and all of the applicable items on the form must be completed. If you are notifying the Plan Administrator of a divorce or legal separation, your notice must include a copy of the decree of divorce or legal separation.

### **Incomplete Notice of Second Qualifying Event**

If you provide a written notice to the Plan Administrator that does not contain all of the information and documentation required by these Notice Procedures for Notice of Second Qualifying Event, such a notice will nevertheless be considered timely **if all of the following conditions are met:**

- The notice is mailed, faxed or hand-delivered to the individual and address specified above;
- The notice is provided by the deadline described on the first page of this form;
- From the written notice provided, the Plan Administrator is able to determine that the notice relates to the Plan;
- From the written notice provided, the Plan Administrator is able to identify the covered employee and qualified beneficiary(ies), the first qualifying event (the covered employee's termination of employment or reduction of hours), the date on which the first qualifying event occurred, the second qualifying event and the date on which the second qualifying event occurred; and
- The notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Notice Procedures for Notice of Second Qualifying Event) within fifteen (15) business days after a written or oral request from the Plan Administrator for more information (or, if later, by the deadline for this Notice of Second Qualifying Event described on the first page of this form).

If any of these conditions is not met, the incomplete notice will be rejected and COBRA will not be offered. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation but will accept the notice as timely.

### **Who May Provide Notice of Second Qualifying Event**

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary who lost coverage due to the covered employee's termination or reduction of hours and is still receiving COBRA coverage or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who may be entitled to an extension of the maximum COBRA coverage period due to the second qualifying event reported in the notice.

### **Additional Evidence of Date of Second Qualifying Event May Be Required**

If your notice was regarding a child's loss of dependent status, you must, if the Plan Administrator requests it, provide documentation of the date of the qualifying event that is satisfactory to the Plan Administrator (for example, a birth certificate to establish the date that a child reached the maximum age, a marriage certificate to establish the date that a child married, or a transcript showing the last date of enrollment in an educational institution). This will allow the Plan Administrator to determine if you gave timely notice of the second qualifying event and were consequently entitled to an extension of COBRA coverage. If you do not provide satisfactory evidence within fifteen (15) business days after a written or oral request from the Plan Administrator that the child ceased to be a dependent on the date specified in your Notice of Second Qualifying Event, his or her COBRA coverage may be terminated (retroactively if applicable) as of the date that COBRA coverage would have ended without an extension due to loss of dependent status. The Plan Administrator will require repayment to the Plan of all benefits paid after the termination date.

If your notice was regarding the death of the covered employee, you must, if the Plan Administrator requests it, provide documentation of the date of death that is satisfactory to the Plan Administrator (for example, a death certificate or published obituary). This will allow the Plan Administrator to determine if you gave timely notice of the second qualifying event and were consequently entitled to an extension of COBRA coverage. If you do not provide satisfactory evidence within fifteen (15) business days after a written or oral request from the Plan Administrator that the date of death was the date specified in your Notice of Second Qualifying Event, the COBRA coverage of all qualified beneficiaries receiving an extension of COBRA coverage as a result of the covered employee's death may be terminated (retroactively if applicable) as of the date that COBRA coverage would have ended without an extension due to the covered employee's death. The Plan Administrator will require repayment to the Plan of all benefits paid after the termination date.