

COBRA QUALIFYING EVENT/ INITIAL NOTICE NOTIFICATION

EMPLOYER INFORMATION

Employer: Diocese of Helena
Phone: 406-442-5820 Ext. 21

Name of Contact: HR Director
Email: hr@diocesehelena.org

For New Hire Initial Notice, please complete Sections 1 and 4 only.

Section 1 PARTICIPANT INFORMATION

New Employee? Yes No Date of Hire: _____ Employee ID# _____

Last Name: _____ First Name: _____ MI ____ Sex ____M____F

Address: _____ DOB: _____ SSN _____

City: _____ State: _____ Zip: _____ Ph: _____

Marital Status: _____
Subgroup Location _____

If above QB is **not** the employee, please provide the following:
Employee Name _____
Employee SSN _____

Section 2 QUALIFYING EVENT DATA

Date the qualifying event took place: _____ Date COBRA effective _____

Reason for Qualifying event?

___ Voluntary Termination/Resignation ___ Divorce/Legal Separation ___ Reduced Hours ___ Retire
___ Involuntary Termination ___ Loss of Dependent Status ___ Death of Employee ___ Gross Misconduct

Social Security Disability Extension? Yes* No

*If yes please provide copy of Social Security Administration "Notice of award Letter".

Section 3 BENEFIT INFORMATION

List the benefits the Beneficiary was enrolled in at the time of the qualifying event and the coverage level

<u>Plan Name</u>	<u>Please Circle Coverage Level:</u>			
DENTAL - _____	Single	EE+Spouse	EE+ Child(ren)	Family
VISION - _____	Single	EE+Spouse	EE+ Child(ren)	Family

Section 4 DEPENDENT INFORMATION

Please provide the following information for any spouse and/or dependents who were plan participants at the time of the qualifying event. If address(es) differs from the participant, please provide address on separate sheet.

NAME: (Last, First, MI)	RELATION	SEX	SSN	DOB



Allegiance COBRA Services, Inc.
Attn: COBRA Department
PO Box 2097
Missoula, MT 59806
Fax: 406-523-3131

COBRA Specialist: Jenny Bratton
Phone: 800-259-2738 Ext. 4494
Send form using secure website:
<https://secure.abpmtpa.com>
jenny.bratton@askallegiance.com