

FORM 300

NOTICE OF QUALIFYING OR MULTIPLE QUALIFYING EVENT

TO: Via Fax (724) 514-6648
Via E-Mail

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Human Resources America, Inc.

P.O. Box 8

Houston, PA 15342

FROM: _____ (“Client”) DATE: _____

_____ Contact name

_____ Contact Telephone

QUALIFYING EVENT

Name of Employee: _____ SS # _____ Date of Birth _____

Current Address of Employee: _____

Name of Spouse _____ SS # _____ Date of Birth _____

Current Address of Spouse (if different than above): _____

Qualifying Event Date (last day of employment): _____ End of Coverage date: _____

Hire Date _____ Original Coverage Date _____

Plan names or # _____ Tier(Single, Emp. & Spouse, etc.) _____

Dental Plan _____ Tier(Single, Emp. & Spouse, etc.) _____

Vision Plan _____ Tier(Single, Emp. & Spouse, etc.) _____

Qualifying Event (please check one):

- _____ 1. A reduction of hours resulting in ineligibility for the Plan; or
- _____ 2. Involuntary Termination of employment (for reasons other than gross misconduct); or
- _____ 3. Voluntary Termination of employment; or
- _____ 4. Employee Voluntarily waiving coverage

MULTIPLE QUALIFYING EVENT

Name of Qualified Beneficiary experiencing Multiple Qualifying Event:

Multiple Qualifying Event Date: _____

Multiple Qualifying Event (please check one):

- 1. The death of employee;
- 2. Divorce or legal separation from employee
- 3. Dependent child ceasing to be a dependent child under the (the "Plan").

Name _____ Social Security # _____

- 4. Employee's entitlement to Medicare;
- 5. Failure of employee to return from a leave of absence under the Family and Medical Leave Act of 1993;or
- 6. The commencement of certain bankruptcy proceedings by employer, if employee is retired.