

# COBRA Second Qualifying Event



*This form is to notify Surency of a second qualifying event. Please note: In order to be eligible for an extended period of continued coverage, this form must be completed and submitted within 60 days of the second qualifying event. If the second qualifying event is death of a former employee, a copy of the death certificate should be included as well. For divorce or legal separation from the former employee, a copy of the divorce decree or other relevant court documentation is also needed.*

## Step 1: Primary Qualified Beneficiary Information

Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Employer Sponsoring Benefits: \_\_\_\_\_

## Step 2: Second Qualifying Event Information

Please specify the type of second qualifying event as well as the date it occurred. Please also indicate the name(s) of the person(s) who are affected by this change as well as their social security numbers and date of birth.

Second Qualifying Event Date: \_\_\_\_\_

Second Qualifying Event Type: (Please check one.)

- ☐ Death of former employee  
☐ Divorce or legal separation from the former employee  
☐ Dependent child ceasing to be a dependent

Person(s) Affected (Dependents):

Name (First, MI, Last)	Social Security Number	Date(s) of Birth (MM/DD/YYYY)

Mailing Address of Person(s) Affected:

*Please complete only if the dependents affected have a different address than the Primary Qualified Beneficiary.*

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Important:** If applicable, any overpayment balance resulting from the second qualifying event will be refunded to the Primary Qualified Beneficiary unless otherwise indicated here.

- ☐ Apply to Primary Qualified Beneficiary account ☐ Apply to new account created due to second qualifying event

## Step 3: Qualified Beneficiary Certification

I understand my submission of this form is a notification of the second qualifying event indicated above and that Surency may need to create a new account for the person(s) affected. As a result, if I wish to have my premium payments automatically debited from a checking or savings account, I will need to submit an updated Automatic Payment (ACH) Request Form even though I may have previously been set up for ACH.

Qualified Beneficiary Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form back to Surency at email: [cobra@surency.com](mailto:cobra@surency.com) - fax: 316-272-4842**

**866-818-8805 • [Surency.com](http://Surency.com)**