

For certain types of COBRA qualifying events, you must submit written notification to UC within 60 days of the date of the qualifying event, or the date coverage is lost as a result of the qualifying event, whichever is later. Click to access [form instructions](#).

Note: It is highly recommended that you retain a copy of this form for your records.

SECTION 1. KEY INFORMATION***Indicates Required Fields**

Employee Last Name*	Employee First Name*	M.I.
UC Status*	Employee ID #*	
UC Employee UC Retiree		
Business Unit*	Contact Phone Number*	
Name of Qualified Beneficiary Requesting a COBRA Application Packet		
Beneficiary Last Name*	Beneficiary First Name*	M.I.
Mailing Address to which COBRA Packet should be Sent		
Street Address #1*	Street Address #2 (Bldg, Apt, Ste)	
City*	State*	Zip Code*
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SECTION 2. TYPE OF QUALIFYING EVENT/DATE OF QUALIFYING EVENT

Indicate the type of COBRA Qualifying Event*	Request Date* (mm/dd/yyyy)

SECTION 3. SIGNATURE

<i>I certify that the information on this form is true and correct.</i>		
Name of Person Notifying UC of Qualifying Event*	Relationship to Employee/Retiree*	Daytime Phone*
Signature*		Date* (mm/dd/yyyy)