Note to Employer: Please photocopy this form onto your letterhead and use as necessary.

SEIU Local 1 & Participating Employers Health Trust
Cobra Coordinator – Delia Garcia
111 E. Wacker Drive, 17th Floor
Chicago, IL 60601

COBRA Phone (312) 233-8814
Fund Office Fax (312) 233-8839
Email garcia@seiu25.org

COBRA QUALIFYING EVENT NOTICE

Federal law requires employers to notify the Health Trust within thirty (30) days of any of the following events: an employee's termination of employment, reduction of hours, retirement, death or entitlement to Medicare.

When any qualifying event occurs, complete this form and return it to the Fund Office at your earliest opportunity via mail, fax or Email, so that the participant can be offered continued coverage in the SEIU Local 1 & Participating Employers Health Trust.

Employee Name	( ) Phone	Social Security Number

Employee Address	City	State	Zip

Building Name	Building Address	Zip

Please indicate the actual or effective date on one of the following qualifying events:

1. **Termination Date** _____
2. **Reduction of Hours** _____
3. **Retirement Date** _____
4. **Date of Death** _____
5. **Resignation** _____
6. **Layoff** _____
7. **Medicare Entitlement** _____
8. **Other:** _____ _____

Reported by _____ **Title** _____ **Phone ( )** _____
(please print)

Employer Name _____ **Date** _____

Fund Office:

Received: _____ **Initial** _____ **Processed:** _____