



# Notice to Third-party Administrator of COBRA Qualifying Event

## SECTION 1: EMPLOYER INFORMATION

Please print clearly.

Employer Name: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2. EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_

Employee Address: \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## SECTION 3. QUALIFYING COBRA EVENT

- Voluntary Termination of Employment Date of Termination: \_\_\_\_\_
- Involuntary Termination of Employment (other than gross misconduct)
- Reduction of Hours Worked
- Death of Employee

If the Employee is married and/or has dependent children, please provide their first and last names and dates of birth below. If you need additional room, please attach a separate piece of paper.

Spouse Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please mail completed form to: Montana HRA Third-party Administrator  
REHN & ASSOCIATES  
P.O. Box 5433  
Spokane, WA 99205-0433  
(509) 534-0600 or 1-800-VEBA101 (832-2101)  
(509) 535-7883 Fax  
[montana@rehnonline.com](mailto:montana@rehnonline.com)