

Participation Status Change Form

Termination / Separation / Retirement / Reduction in hours / COBRA notice

E-mail, fax, or mail completed form and itemized verification to third-party administrator.

Montana VEBA HRA Third-party Administrator

Rehn & Associates | PO Box 5433 | Spokane, WA 99205-0433 | Phone 1-800-832-2101 | Fax (509) 535-7883 | E-mail montana@rehnonline.com



Use this form to notify the third-party administrator when a **currently enrolled employee/participant**:

1. Is voluntarily or involuntarily terminated other than for gross misconduct (e.g. separation, retirement, etc);
2. Experiences a reduction of hours affecting eligibility; or
3. Passes away.

Any of the above events may constitute a **COBRA qualifying event** if the employee/participant stops receiving employer contributions to which they or their qualified beneficiaries would have otherwise been entitled (e.g. ongoing monthly contributions). To comply with federal COBRA requirements, employers must notify the third-party administrator (TPA) **within 30 days** when a **COBRA qualifying event** occurs.

NOTE: DO NOT complete this form for employees who are becoming **new Montana VEBA HRA Plan participants** due to receipt of contributions at termination, separation from service from service, or retirement. Report information for these employees on their enrollment forms.

1 EMPLOYER INFORMATION

Employer Name

Employer ID No.

2 AUTHORIZED SIGNATURE (required)

X

Authorized Signature

Date

Printed Name

Title

(____) ____-____
Area Code and Phone No.

E-mail Address

3 PARTICIPANT SEPARATION / REDUCTION OF HOURS / COBRA EVENT DETAIL

If yes, check the appropriate qualifying event description and enter the projected monthly contribution amount.

| Participant Last Name | First Name | M.I. | Participant Acc't No. or SSN | Date of Event | Is this a COBRA qualifying event? <input type="checkbox"/> Yes <input type="checkbox"/> No | Voluntary Termination | Involuntary Termination | Reduction of Hours | Death of Participant | Projected Monthly Contributions* |
|-----------------------|------------|------|------------------------------|---------------|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| 1 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 2 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 3 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 4 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 5 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 6 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 7 | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$ |

* Enter the projected monthly contribution amount that would have otherwise been contributed had the COBRA qualifying event not occurred.