



**NOTICE OF QUALIFIED EVENT
COBRA Administration**

Name, SS# & Last Known Address of Qualified Beneficiary*	Date of Qualifying Event	Type of Qualifying Event**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Qualified Beneficiary is the ex-employee or someone who is a covered dependent of the employee or ex-employee, whether or not the employee is a COBRA participant.

**Qualified Events are: termination (employee); retirement (employee); death (benefits for surviving spouse and/or children); in-eligible (no longer a dependent spouse and/or children); reduced hours (employee); divorce/separation (spouse).

Please Mail Completed Form To:
 Janna Cunningham
 Email address - jcunningham@abpmtpa.com
 ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.
 P.O. Box 3018
 Missoula, MT 59806