

# Employee Benefit Trust

NEW HAMPSHIRE MOTOR TRANSPORT ASSOCIATION

PO Box 3898

Concord, NH 03302-3898

Phone (603) 224-7337

Fax (603) 225-9361

## EMPLOYER'S COBRA NOTICE

On \_\_\_\_\_ the following employee and/or dependents had the noted qualifying event<sup>1</sup>.  
(actual date of event)

COBRA effective date will be \_\_\_\_\_.  
(must be last day of month of actual date or first of month following actual date)

The following employee and/or dependents are eligible for continuation of health care benefits under the terms of the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA).

Employee: \_\_\_\_\_ SS# \_\_\_\_\_ B-day \_\_\_\_\_  
Spouse: \_\_\_\_\_ SS# \_\_\_\_\_ B-day \_\_\_\_\_  
Dependents: \_\_\_\_\_ SS# \_\_\_\_\_ B-day \_\_\_\_\_  
Dependents: \_\_\_\_\_ SS# \_\_\_\_\_ B-day \_\_\_\_\_  
Dependents: \_\_\_\_\_ SS# \_\_\_\_\_ B-day \_\_\_\_\_

### Send Cobra Notice & Invoicing to:

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

<sup>1</sup>The following event activates eligibility (please check one):

Termination of Employment\*       Medicare Eligibility\*\*\*  
 Retirement\*       Divorce or Legal Separation\*\*\*  
 Reduction in Hours\*       Child's Loss of Dependent Status\*\*\*  
 Termination due to 100% Disability\*\*       Death of employee\*\*\*

\* = 18 months extension      \*\* = 29 months extension      \*\*\* = 36 months extension

Type of Membership (please check one):     Single     Couple     Parent/Child     Family

Plans: POS501 POS502 POS503 HMO601 HMO602 HMO603 HD1 HD2 HD801 HD802  
(Circle one)

Dental:      409-2   409-3   495-8   495-9   496-0   NONE  
(Circle one)

Vision:      Yes   No  
(Circle one)

TERMINATION:      INVOLUNTARY      VOLUNTARY  
(Circle one)

Company Name

Date

Return form to:    NHMTA-Employee Benefit Trust  
PO Box 3898 Concord, NH 03302-3898