RESIG
REDWOOD EMPIRE SCHOOLS INSURANCE GROUP
Serving Schools Since 1979

COBRA/Retiree Notification Form

District Name _____

Name of Employee _____ **SSN** _____
Last First MI

Address _____

City _____ **State** _____ **Zip Code** _____

Date of Birth _____ **Date of Hire** _____ **Home Email** _____

Home Phone # _____ **Cell Phone #** _____

EE Classification ☐Classified ☐Certificated ☐Management ☐Other _____

Reason for termination of coverage:

☐Gross Misconduct
☐ Reduced hours/ineligible status
☐ Involuntary termination of employment (layoff)
☐ Voluntary termination of employment (resignation)
☐ Death of Employee
☐ Retirement **(Please complete Retiree Section Below)
☐ Employee eligible for Medicare
☐ Legal separation/divorce (Provide address of ex-spouse/DP)
☐ Ineligible dependent status (Provide address of dependent)

Date of qualifying event: _____ **Date of coverage termination:** _____

Please list all members who should be offered COBRA continuation ***INCLUDING EMPLOYEE (if applicable)***

Name: Last, First MI	Gender	Sps	DP	Dep	DOB	Social Security Number	M	D	V
	☐M ☐F	☐	☐	☐			☐	☐	☐
	☐M ☐F	☐	☐	☐			☐	☐	☐
	☐M ☐F	☐	☐	☐			☐	☐	☐
	☐M ☐F	☐	☐	☐			☐	☐	☐
	☐M ☐F	☐	☐	☐			☐	☐	☐
	☐M ☐F	☐	☐	☐			☐	☐	☐

Medical Carrier: **Kaiser Plan** **KP Vision?** Y ☐ N ☐ ☐$0 OV ☐$10 OV ☐$20 OV ☐$30 OV ☐DHMO ☐HDHP/H.S.A.

Blue Shield Plan: ☐100% PPO ☐90% PPO ☐80% PPO ☐HDHP (H.S.A.) ☐2-Tier HSA$5000 ☐ 2-Tier MEC$9000

Retirees

District Contribution? ☐Y ☐N

Lump Sum? ☐Y ☐N **Total:** $ _____

Monthly Contribution? ☐Y ☐N **Mo. Amt:** $ _____

Start Date of Contribution: _____

End Date of Contribution: _____

Special Instructions: _____

Completed by: _____ **Date:** _____

Phone Number: _____ **Ext.:** _____

RESIG Use Only

Entered into Tweb _____
Date _____
Initial _____
Packet mailed out _____

**** Please submit completed COBRA/Retiree Notification to RESIG within 30 days of the Qualifying Event**

**** RESIG legally has 14 days from the date of receipt of completed form to notify PQB of COBRA rights**

**** Receipt of completed COBRA/Retiree Notice *DOES NOT ACT AS A TERMINATION OF BENEFITS REQUEST***