NOTICE OF QUALIFYING EVENT FORM (& Notice Procedures)
For the Health Care FSA offered through the Office of Group Benefits

This Notice consists of five pages and is part of the Health Care FSA's General Notice of COBRA rights.

When to Use This Notice:

Use this Notice when any of the following events (qualifying events) occurs:

- A spouse covered under the Health Care FSA becomes divorced from the covered employee;
- A child covered under the Health Care FSA ceases to be a dependent under the terms of the Health Care FSA; or
- The covered employee dies while a spouse and/or child(ren) are covered by group Health Care FSA coverage.

Deadline:

The deadline for providing this Notice of Qualifying Event is 60 days after the date on which the covered spouse or dependent child would lose coverage under the terms of the Health Care FSA as a result of the qualifying event.

How to Provide Notice of Qualifying Event

You must mail or FAX your notice to:

Office of Group Benefits
Flexible Benefits Administration
Post Office Box 44036
Baton Rouge, Louisiana 70804
225.925.3739
225.925.4860 (FAX)

Your notice must be in writing (using this form) and must be mailed or faxed. Oral notice, including notice by telephone, is not acceptable. Electronic emailed notices are not acceptable. If mailed, your notice must be postmarked no later than the deadline described above. If faxed, your notice must be received by the Flexible Benefits Administration at the number specified above no later than the deadline described above.

WARNING: If your notice is late, or if it is not completed and provided to the Office of Group Benefits as described above, no qualified beneficiary will be offered the opportunity to elect Health Care FSA COBRA coverage.

For more information about this Notice, the Health Care FSA's notice procedures, and your Health Care FSA COBRA rights and obligations, consult the Health Care FSA's COBRA General Notice. You may obtain a copy from the Office of Group Benefits.

Complete This Portion:

Identify the Covered Employee (the employee/former employee who is/was covered under the Health Care FSA):

Print Name of Covered Employee:	Employee's Plan ID#:	Employee's Date of Birth:
Address of Covered Employee: _____ _____		

Event Description (Check box 1, 2, or 3 below and complete):

❑ **1. Qualifying Event— Divorce:**	
Name of Spouse:	Spouse's Address: _____ _____
If any child is losing coverage, name of child:	Child's Address: ❑ Same as spouse's address ❑ Same as covered employee's address ❑ Other: _____ _____
Date of divorce: _____/_____/_____	
You must provide a copy of the decree of divorce. Is copy enclosed? ❑ Yes ❑ No	
❑ **2. Qualifying Event— Child has ceased to be an eligible dependent under the Plan**	
Name of Child:	Child's Address: ❑ Same as spouse's address ❑ Same as covered employee's address ❑ Other: _____ _____
Reason child ceased to be eligible dependent (check one): ❑ child attained age 26 ❑ other (explain): _____ _____	
Date of event causing child's loss of dependent eligibility: _____/_____/_____	

❑ **3. Qualifying Event— Death of covered employee**	
Name of Dependent(s):	Dependent(s) Address: ❑ Same as covered employee's address ❑ Other: _____ _____ _____
Date of employee's death: _____/_____/_____	

Contact Information:

Print name of person signing this Notice: _____ Telephone number: _____ Email address: _____	I am (check one): ❑ former employee ❑ spouse or former spouse ❑ former dependent child ❑ other (explain): _____ _____ _____
Address: ❑ Same as employee's address above ❑ Same as spouse's address above ❑ Same as child's address above ❑ Other: _____ _____	

<u>Certification, Signature, and Date</u>:

I certify that the above information is true and correct.

_____ _____

Signature Date

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For Plan Use Only:

Date Notice of Qualifying Event received: _____/_____/_____

Date of postmark, if mailed: _____/_____/_____
(Attach original envelope with postmark)

Divorce decree enclosed? ❑Yes ❑No ❑N/A

Notice Procedures for Notice of Qualifying Event

Required Form and Information for Notice of Qualifying Event

You must use this form of Notice of Qualifying Event to notify the Office of Group Benefits of a qualifying event (i.e., your divorce, your child's loss of dependent status, or death of the covered employee), and all of the applicable items on the form must be completed.

If you are notifying the Office of Group Benefits of a divorce, your notice must include a copy of the decree of divorce. If your coverage is reduced or eliminated and later a divorce occurs, and you are notifying the Office of Group Benefits that your Plan coverage was reduced or eliminated in anticipation of the divorce, you must provide notice within 60 days of the divorce in accordance with these Notice Procedures for Notice of Qualifying Event and must, in addition, provide evidence satisfactory to the Office of Group Benefits that your coverage was reduced or eliminated in anticipation of the divorce.

Incomplete Notice of Qualifying Event

If you provide a written notice to the Office of Group Benefits that does not contain all of the information and documentation required by these Notice Procedures for Notice of Qualifying Event, such a notice will nevertheless be considered timely **if all of the following conditions are met:**

- the notice is mailed or faxed to the individual at the address specified on the Notice of Qualifying Event Form above;
- the notice is provided by the deadline described on the first page of the form;
- from the written notice provided, the Office of Group Benefits is able to determine that the notice relates to the Plan;
- from the written notice provided, the Office of Group Benefits is able to identify the covered employee and qualified beneficiary(ies), the qualifying event, the date on which the qualifying event occurred; and
- the notice is supplemented in writing with the additional information and documentation necessary to meet the Plan's requirements (as described in these Notice Procedures for Notice of Qualifying Event) within 15 business days after a written or oral request from the Office of Group Benefits for more information (or, if later, by the deadline for this Notice of Qualifying Event described on the first page of the form).

If any of these conditions is not met, the incomplete notice will be rejected and COBRA coverage will not be available. If all of these conditions are met, the Plan will treat the notice as having been provided on the date that the Plan receives all of the required information and documentation but will accept the notice as timely.

Who May Provide Notice of Qualifying Event

The covered employee (i.e., the employee or former employee who is or was covered under the Plan), a qualified beneficiary with respect to the qualifying event, or a representative acting on behalf of either may provide the notice. A notice provided by any of these individuals will satisfy any responsibility to provide notice on behalf of all qualified beneficiaries who lost coverage due to the qualifying event described in the notice.

Additional Evidence of Date of Qualifying Event May Be Required

If your notice was regarding a child's loss of dependent status, you must, if the Office of Group Benefits requests it, provide documentation of the date of the qualifying event that is satisfactory to the Office of Group Benefits (for example, a birth certificate to establish the date that a child reached age 26). This will allow the Office of Group Benefits to determine if you gave timely notice of the qualifying event and were consequently entitled to elect COBRA coverage. If you do not provide satisfactory evidence within 15 business days after a written or oral request from the Office of Group Benefits that the child ceased to be a dependent on the date specified in your Notice of Qualifying Event, he or she will lose the right to elect COBRA coverage.

If your notice was regarding the death of the covered employee, you must, if the Office of Group Benefits requests it, provide documentation of the date of death that is satisfactory to the Office of Group Benefits (for example, a death certificate or published obituary). This will allow the Office of Group Benefits to determine if you gave timely notice of the qualifying event and were consequently entitled to elect COBRA coverage. If you do not provide satisfactory evidence within 15 business days after a written or oral request from the Office of Group Benefits that the date of death was the date specified in your Notice of Qualifying Event, all individuals covered at the time of the covered employee's death will lose the right to elect COBRA coverage.