

DEPARTMENT OF ADMINISTRATION
Office of Personnel Administration

One Capitol Hill
Providence, RI 02908-5860

COBRA 7
Rev. 2/93

Federal Regulations require that the **employee** is responsible for notifying the employer of a qualifying event within 60 days of such event.

INSTRUCTIONS:

1. Complete this form promptly upon notice of one of the qualifying events.
2. Complete new health insurance / Delta Dental enrollment applications for the same carrier in the name of the enrollee.
3. Forward both COBRA 7 and enrollment applications to:
The Employee Benefits Unit
COBRA Program
Office of Personnel Administration
(401) 277-2748

COBRA Notification

This is to inform you that the following COBRA qualifying event(s) has occurred for the employee named below:

- Divorce (copy of divorce decree required for the employer)
- Legal separation (copy of separation papers required for the employer)
- Child ceases to be dependent (Notification may be from a family member)

Employee Name: _____

SSN: _____

Account and Position #: _____

Effective date: _____

Date

Notified by: Signature

Date

Signed: Appointing Authority or other
authorized official

Title

cc: Employee Personnel File