



# Kansas Group Health Coverage

## Employer Notice of Occurrence of Qualifying Event for the Right to Continuation Coverage

### Employee Information

Name of Employee		
Address		
City	State	ZIP Code
Employee's ID Number	Date of Qualifying Event/ Termination of coverage	

### Employer Information:

Name of Employer		
Address		
City	State	ZIP Code
Effective Date of Coverage	Control No./Group No.	

**This continuation of group health coverage is available only when COBRA continuation does not apply.** The above employee and/or dependent(s) is eligible for this continuation because of loss of coverage due to the following event:

**Check One:**

- 1. Termination of group membership/coverage for any reason including for gross misconduct.
- 2. The employee's death.       3. Divorce or legal separation.
- 4. Dependent children who reach the limiting age (those dependents who cease to regularly attend school after reaching age 19).
- 5. Termination due to plan discontinuance (i.e. bankruptcy, non payment of premium, etc.).

The group health coverage under which the above individual(s) have been covered for at **least 3 months** will cease because of the reason and on the **Date of the Qualifying Event** indicated above. An Election Form to Continue Coverage will be send by Aetna to the group member. If the group member elects continuation and pays the premium, elected benefits will be reactivated without lapse in coverage.

A. Immediately after the above event or termination of coverage, whichever is late, the employer will complete and return this form to the applicable address listed below:

**Aetna  
Plan Sponsor Services  
Attn: Kansas State Continuation  
P. O. Box 7247-6026  
Philadelphia, PA 19170-6026**

The group member has a maximum of **31 days** from the date of the event or the date they receive notice with which to elect continuation coverage. Therefore, ***it is important that this form be returned to Aetna as soon as possible for any event listed above.***

- B. Immediately upon receipt, Aetna will send an Election Notice via certified mail, return receipt requested, directly to the member.
- C. If the group member wishes continued coverage, s/he must provide Aetna with both written notice of election and payment of group premium within **31 days** of the later of:
  - The qualifying event,
  - The date coverage as an active employee terminated; or
  - The date the member receives their Election Notice and Enrollment form.

**Name and address of all other group members (covered spouse and covered dependent children).**

Name	Address	City	State	ZIP Code