Cypress Dental Administrators
Employer Notification of Qualifying Event Under Federal And State COBRA Form

Employer: Complete and return to Cypress Dental Administrators each time a covered employee has a qualifying event which causes them to be eligible for continuation of coverage under Federal or State COBRA.

Return within 60 days of the last day worked or qualifying event date to:
Cypress Dental Administrators, 7510 Shoreline Drive, Suite A-1, Stockton, CA 95219
Fax 209-478-5614
Toll Free 800-350-3989

Please print

Employer/Company Name	Group Number
Employer Phone	Employer Fax
Employee Name	Employee's ID #
Employee Date of Birth	
Qualified beneficiary name (if other than employee)	Beneficiary Date of Birth
Address	

Please choose a billing option for this employee:

- ☐ Keep employee on group bill at no additional premium - Employer will handle COBRA administration
- ☐ Direct bill employee 110% of premium for Cal COBRA or 102% for Federal COBRA - Cypress Dental will handle COBRA administration

Qualifying event (check one)	**Enter required date**
☐ Termination, resignation or reduction in employee hours	Date last worked
(Termination for gross misconduct is not a qualifying event for COBRA.)	
☐ Death of employee	Date of death
☐ Divorce or legal separation	Date of divorce/separation
☐ Disqualification of dependent child due to attained age	Date of change in status
☐ Termination of domestic partnership	Date of dissolution

Employer/group contact signature | **Please print signature name** | **Date**

Employer/group contact email: _____

Cypress Dental Administrators will fax or email a confirmation of receipt of this notification to the fax number or contact email provided above within 2 business days. Employer MUST submit this form within 60 days of qualifying event for COBRA eligibility.
It is the employer's full responsibility to extend COBRA coverage to eligible employees and notify them and us of such eligibility.