Termination of Employment and/or Benefits Form
COBRA or CalCOBRA Qualifying Event
Group Insurance Trust of the California Society of Certified Public Accountants

When to use this form:

❒ **Termination of employment** ❒ **Termination of employee and/or dependents' benefits**

General Instructions: In order to determine eligibility for continuation of coverage under COBRA or CalCOBRA, please fill out the information below within 31 days following the date of the qualifying event (i.e. termination of employment, death, divorce, loss of dependent status - see the list of qualifying events for possible continuation of coverage below).

If you are an employer with 2 – 19 full-time equivalent employees* for at least 50% of the previous calendar year, the information you provide below will be forwarded to the Trust's CalCOBRA administrator for notification of those eligible for CalCOBRA continuation.

If you are an employer with 20 or more full-time equivalent employees* for more than 50% of the working days of the prior calendar year, you must comply with federal COBRA regulations. This form should be used to report your employee and dependent terminations to Banyan Administrators, but please remember to contact your own COBRA administrator if you do not currently contract with the Trust's preferred COBRA vendor. For more information on COBRA and CalCOBRA, please refer to the U.S. Department of Labor website (www.dol.gov/dol/topic/health-plans/cobra.htm) or contact your COBRA administrator.

You must complete and email, fax or mail this form within 31 days following the date of a qualifying event.

* Full-time equivalent employees (FTEs) are calculated as the total hours worked by full-time and part-time employees, divided by average annual hours worked in full-time jobs. For example, two part-time employees who work 20 hours per week equal one FTE.

Employer Information

Name of Employer:	Client code:
Does your company comply with federal COBRA: Yes ❒ No ❒	If yes, please list COBRA administrator:
Number of Full-time Equivalent Employees on 50% of the working days of the prior calendar year:	
Name and Phone Number of Employer Primary Contact:	

Covered Employee/Qualified Beneficiary (dependent) Information - Please list additional dependents on a separate sheet.

Name of Covered Employee:	SSN:	Address, if new:	Term Date:
Spouse:	SSN:	Address, if different than employee:	Term Date:
Dependent 1:	SSN:	Address, if different than employee:	Term Date:
Dependent 2:	SSN:	Address, if different than employee:	Term Date:
Dependent 3:	SSN:	Address, if different than employee:	Term Date:

Qualifying Event Information

The date of the Qualifying Event was: _________/_________/_________ (mm/dd/yyyy)
(i.e. last day worked, date of reduced hours, final divorce date, date of Medicare eligibility, date of plan participant's death, etc.)

The Qualifying Event Was:

- ❑ The termination of a plan participant's employment.
- ❑ The reduction of hours of a plan participant's employment.
- ❑ The death of a plan participant.
- ❑ The divorce or legal separation of a plan participant from the plan participant's spouse.
- ❑ The loss of dependent status by a child of a plan participant enrolled in the plan.
- ❑ The employee's eligibility for coverage under Medicare (dependent(s) may be a qualified beneficiary).

The termination of employment or reduction of hours was: _______Voluntary _______Involuntary

Notification of this qualifying event will be sent to the Trust's preferred vendor for CalCOBRA if you have between 2 and 19 Full-Time Equivalent employees (FTEs - see above for definition) in the prior calendar year OR if you contract with the Trust's preferred vendor for federal COBRA administration.

***Signature of Firm Owner or Benefits Administrator*____ *Date* ____________________**

Notification Instructions: Complete this notification form within 31 days following the date of the Qualifying Event and send to Banyan Administrators via:

Fax: (877) 237-4519 **Email: calcpahealth@calcpahealth.com**	**Mail: Banyan Administrators, LLC Managers for the CalCPA Health Programs** **1215 Manor Drive, Suite 200, Mechanicsburg, PA 17055**

For assistance in completing this form, please call ***Banyan Administrators at (877) 480-7923***