



ASSOCIATION OF WASHINGTON CITIES
 c/o Northwest Administrators, Inc.
 2323 Eastlake Avenue East
 Seattle, WA 98102-3393
 (206) 726-3285 Fax (206) 926-2699



COBRA NOTICE TO ADMINISTRATOR – EMPLOYEE

The Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”) requires the employer to notify the Plan Administrator within **30** days of the date an employee/retiree dies, or is terminated from employment, or has a reduction in hours worked (below the minimum required for eligibility).

INSTRUCTIONS TO EMPLOYER: When any of the Qualifying Events described above occurs, please complete this form and send it to Northwest Administrators at the address shown above.

Employer name:	Telephone number:
Date of qualifying event:	Date active coverage terminates:

COBRA qualifying event:

Termination of employment

Involuntary termination of employment

Termination of employment due to gross misconduct *(COBRA not required if termination is for gross misconduct)*

Reduction in hours (Below the minimum required for eligibility)

Employee becomes entitled to Medicare

Death of the employee

Name of employee: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Social Security No.: _____

Names of employee’s spouse and dependents (if covered):

Spouse: _____ Soc. Sec. # _____

Dependent: _____ Soc. Sec. # _____

Dependent: _____ Soc. Sec. # _____

Dependent: _____ Soc. Sec. # _____

Signature of employer representative

(Signature) (Print name) (Date)