

# EMPLOYEE QUALIFYING EVENT NOTIFICATION

\_\_\_\_\_  
Group Name

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Spouse's name

\_\_\_\_\_  
Employee's Social Security Number

\_\_\_\_\_  
Dependent's name

\_\_\_\_\_  
Employee's Current Address

\_\_\_\_\_  
Dependent's name

\_\_\_\_\_  
Employee's Current Address

\_\_\_\_\_  
Employee's home phone

**Add extra sheets as needed for additional dependents and/or different addresses.**

Please indicate date of qualifying event: \_\_\_\_/\_\_\_\_/\_\_\_\_

Qualifying Event:  
(Select only one)

\_\_\_\_\_ A: Voluntary termination of employment.

\_\_\_\_\_ B: Involuntary termination of employment.

\_\_\_\_\_ C: Termination due to Gross Misconduct.

\_\_\_\_\_ C: Reduction of hours.

\_\_\_\_\_ D: Layoff.

\_\_\_\_\_ E: Death of employee.

\_\_\_\_\_ F: Divorce or legal separation of the employee.

\_\_\_\_\_ G: Dependent ceasing to be an eligible dependent.

\_\_\_\_\_ H: Employee becoming entitled to Medicare benefits.

\_\_\_\_\_ I: Exhaustion of approved FMLA leave of absence.

The employer must send this form to Group Marketing Services, Inc. within ten (10) business days of the qualifying event date.

\_\_\_\_\_  
Authorized Employer's Signature

\_\_\_\_\_  
Date