



Employees Group Insurance Division  
**COBRA QUALIFYING EVENT NOTICE**

At the time of a COBRA Qualifying Event, the insurance coordinator must complete and send this form to EGID. If the employee is eligible to vest/retire, you must explain the difference between the vesting/retirement and COBRA options so they can make an informed choice.

**Employer information**

Employer name		Agency or group number	
Insurance coordinator name	Insurance coordinator phone	Date	

**Employee information**

Name (First MI Last)		SSN	
Mailing address	City	State	ZIP code

Is this employee eligible to vest/retire?

☐ Yes ☐ No

**Reason for COBRA qualifying event**

☐ Termination – date: Last day of insurance coverage:

Was the employee involuntarily terminated? ☐ Yes ☐ No

Was the employee terminated for gross misconduct? ☐ Yes ☐ No

Was employee called to military duty (USERRA) ☐ Yes ☐ No

☐ Reduction of work hours – date:

☐ Death – date:

☐ No longer an eligible dependent as of date:

Reason dependent is not eligible **(required)**:

**Dependent information**

Name	Current mailing address

**Email, fax or mail this form to EGID, Attn: Member Accounts**

**Email:** [egidmail@ohca.ok.gov](mailto:egidmail@ohca.ok.gov)

**Mail:** EGID  
P.O. Box 11137  
OKLAHOMA CITY, OK 73136-9998

**Fax:** 405-717-8939