

Appendix 4.13

Board of County Commissioners  
**COBRA NOTIFICATION OF QUALIFYING EVENT**

I am dropping the following dependent(s) from my Clermont County sponsored health care plan:

Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth
Name	Relationship	Date of Birth

due to one of the following qualifying events:

**A. Eligible Qualifying Events to Drop a Covered Spouse From Your Plan:** If you are the covered employee under the County's group health/major medical insurance plan, you may drop a covered spouse from coverage due to any of the following reasons:

- 1. The death of your spouse; or
- 2. A divorce of legal separation from your spouse; or
- 3. Your spouse becomes entitled to Medicare (either Part A or Part B); or
- 4. Your spouse becomes eligible for health care coverage which he or she was not eligible for previously.

\_\_\_\_\_  
Date of Qualifying Event

**B. Eligible Qualifying Events to Drop a Covered Dependent Child From Your Plan:** If you are the covered employee under the County's group health/major medical insurance plan, you may drop a covered child(ren) from coverage due to any of the following reasons:

- 1. Your legal divorce or separation where you are not ordered to provide health insurance; or
- 2. You or the dependent becomes entitled to Medicare (either Part A or Part B); or
- 3. Your child(ren) ceases to be a "dependent child" under the terms of the plan; or
- 4. Your child(ren) becomes eligible for health care coverage which she or he was not eligible for previously.

\_\_\_\_\_  
Date of Qualifying Event

**NOTE:** Supporting documentation needs to accompany this form before any changes will take effect. If you have any questions please contact the Human Resources Department, HR Benefits Coordinator at 513-732-7981 or 513-732-7110.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Signed