

Notice of Unavailability Form

Group health plans may sometimes deny a request for continuation coverage or for an extension of continuation coverage when the plan determines the qualified beneficiary is not entitled. When a group health plan makes the decision to deny a request for continuation coverage, the plan must provide a notice of unavailability of continuation coverage. The notice must be provided within 14 days after the request is received and must explain the reason for denying the request.

* = Required field

Step 1 – Contingent Information

<input type="text"/>	<input type="text"/>		
*Employer Name (do not abbreviate)	*Division Name (if applicable)		
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>		
*Contingent Name	*Social Security Number		
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
*Mailing Address	*City	*State	*Zip
<input type="text"/>			
*Gender (M/F)			

Step 2 – Reason for Denying COBRA

<input type="text"/>
Reason (E.g. Notification outside of 60 days, gross misconduct, etc.)

Step 3 – Employer Authorization

<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
*Completed By	*Phone Number	*Date