

MISSOURI AUTOMOBILE DEALERS ASSOCIATION INSURANCE TRUST

NOTICE OF QUALIFYING EVENT

Dealership Name: _____

Employee Name: _____

Employee SSN: _____

Employee Address: _____

Type of Event:

- Termination of Employment or Layoff
- Retirement
- Insufficient Hours Worked
- Sick Leave
- Death of Employee
- Divorce or Legal Separation
- Dependent Ineligibility/age limit

Date of Event: _____.

Last employer contribution will be made for the month of _____.

*If employee had insurance coverage prior to the MADA Plan, please enter dates of coverage: From ___/___/___ To ___/___/___.

*This line **MUST** be completed when applicable.

Signature _____ Date: _____

Instructions

The dealership must notify MADA Health Insurance Administrator if employer contributions will cease because of:

1. Termination of employment or layoff
2. Insufficient hours worked
3. Sick leave, leave of absence
4. Death of the employee

The notice should be sent to the MADA office immediately when it is know that one of these events occur. In all cases, the notice must be sent within **30 days** after the date of the event (i.e., the date on which the employee stopped working), by fax : 573/636-5834, or mail: P.O.Box 1309, Jefferson City, MO 65102.

⇒ To insure that timely notice is given to participants in all cases, this form should be submitted to the MADA office immediately, even if the employer contributions will continue for a limited period after the event.

⇒ **Failure to comply with these procedures could result in substantial penalties to the employer and the Missouri Automobile Dealers Insurance Trust.**