

COBRA

NOTICE OF RIGHT TO CONTINUE GROUP HEALTH COVERAGE

At the time of your employment, you were provided with detailed information regarding continuation of your, and/or your eligible dependent's, group coverage after termination. Details regarding eligibility and qualifying events were specifically outlined in that information sheet.

Now that you and/or your eligible dependents have coverage terminating, you have 60 days from this date to notify your employer if you and/or your eligible dependents intend to continue coverage.

Employees and eligible dependents may continue coverage for up to eighteen (18) months due to:

- a. Reduction in work hours to a level where the employee is no longer eligible for the group plan.
- b. Termination of employment (for reasons other than "gross misconduct").

Eleven Month Extension of Continuation of Coverage for Disabled Qualified Beneficiaries: If a Qualified Beneficiary is disabled (as determined by Social Security) at any time during the first sixty (60) days of continuation coverage involving termination of employment of a reduction in hours, the eighteen (18) month continuation period may be extended eleven (11) months, up to a maximum of twenty-nine (29) months for the disabled individual.

Eligible dependents may continue coverage for up to 36 months due to:

- a. Death of a covered employee.
- b. Legal separation or divorce from covered employee.
- c. Children losing dependent coverage when they become older than the maximum age to be eligible for group coverage.
- d. Covered employee becoming eligible for Medicare.

If you should have a second qualifying event, you need to complete a second COBRA election form.

To continue coverage you must pay premiums from the termination date of your coverage and each month thereafter. Payment must be made each month by the date established by your employer. The monthly premium amount will be identified by your employer.

Regardless if you wish to continue coverage or not, complete the attached return notice. Only returning this notice and paying your monthly premiums will guarantee your choice to continue coverage.

Date of Notice _____