

WASHINGTON ELEMENTARY SCHOOL DISTRICT # 6
EMPLOYEE BENEFIT TRUST (EBT)
GENERAL (INITIAL) NOTICE OF COBRA CONTINUATION COVERAGE
RIGHTS

Introduction

You are receiving this notice because you recently obtained coverage under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

A federal law, called the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) created the right to COBRA continuation coverage. COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

Your spouse dies;

Your spouse's hours of employment are reduced making the employee ineligible for group health coverage;

or your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both).

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

IMPORTANT: You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.

Notifying the Plan: Any notice that you provide must be in writing. Oral notice, including notice by telephone, is not acceptable. You must provide a written notice to the Plan Administrator (whose address is listed at the end of this document). The written notice can be sent via first class mail, or be hand-delivered, and is to include your name, the qualifying event, the date of the event, and appropriate documentation in support of the qualifying event, such as divorce decree or legal separation agreement documents. If mailed, your notice must be postmarked no later than the last day of the required notice period.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their qualified dependent children.

Duration of COBRA Coverage

COBRA continuation coverage is a temporary continuation of coverage that generally last for 18 months due to employment terminating or reduction of hours of work. Certain Qualified Events, or a second Qualified Event during he initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

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