

Election for Continuation of Group Health Coverage



Instructions

EMPLOYER: Please complete Section 1 and provide the partially-completed election form to the qualified beneficiary within 14 days of the qualifying event. See your Administration Kit for continuation eligibility.

QUALIFIED BENEFICIARY: Please complete Section 2, sign the form, and return it to the employer.

SECTION 1 - TO BE COMPLETED BY THE EMPLOYER

Name of Employer			Policy Number		
Name of Employee (First)	(MI)	(Last)	Social Security No.		
Qualifying Event			Date of Qualifying Event: ____/____/____		
			Date Continuation Expires: ____/____/____		
Monthly Cost of Continuation:					
	Medical	Dental (if applicable)		Medical	Dental
Employee	\$ _____	\$ _____	EE + Spouse	\$ _____	\$ _____
Spouse only	\$ _____	\$ _____	EE + Child(ren)	\$ _____	\$ _____
Child(ren) only	\$ _____	\$ _____	EE + Family	\$ _____	\$ _____

Employer's Certification of Eligibility of Person(s) Requesting Continuation

Authorized Signature _____ Date _____

SECTION 2 - TO BE COMPLETED BY QUALIFIED BENEFICIARY(S)

Qualified Beneficiary(s) are:

- Employee Only
 Employee and Dependent(s)
 Dependent(s) Only

Name(s) of Applicant(s) Qualifying for Continuation			Date of Birth	Sex	Social Security Number
(First)	(MI)	(Last)			

The above Qualified Beneficiary(s)

- elect COBRA Continuation under US Public Law 99-272
 elect State Continuation (if applicable)
 do not elect to continue coverage

- Election is for Medical coverage continuation
 Dental coverage continuation

Note: Qualified Beneficiary family members who are making different elections should complete separate election forms.

Signatures of Qualified Beneficiaries

Please sign and return this form to the employer, even if you are electing not to continue coverage.

Employee: _____	Date: _____
Spouse: _____	Date: _____
Children: _____	Date: _____
(age 18 _____	Date: _____
or over: _____	Date: _____

Note: At the time of a qualifying event, you may be entitled to convert to an individual medical policy if that right is available to you under the plan. If you elect to continue group coverage instead of converting you coverage to an individual medical policy, you may be entitled to convert to an individual medical policy upon the end of the maximum continuation period, if such right is available under the plan.

EMPLOYER: PROVIDE A COPY OF THE COMPLETED FORM TO THE QUALIFIED BENEFICIARY(S)

NOTICE OF CONTINUATION OF GROUP HEALTH COVERAGE

(Required by the Consolidated Budget Reconciliation Act-U.S. Public Law 99-272, as amended by U.S. Public Law 101-239)
(This does not apply to the Accident Benefit or Weekly Income Benefit.)

If the health coverage under this Plan would stop due to a Qualifying Event, a Qualified Beneficiary may elect to continue coverage subject to the provision below.

The coverage may have consisted of Core Coverage, Non-Core Coverage, or both. The Qualified Beneficiary may continue only the types of coverage in force immediately before the Qualifying Event.

If the Qualified Beneficiary had both Core and Non-Core coverage immediately before the Qualifying Event, the Qualified Beneficiary may elect to continue both coverages, or only the Core Coverage.

The coverage being continued will be the same as the coverage provided to similarly situated individuals to whom a Qualifying Event has not occurred.

Coverage will continue until the earliest of the following dates:

- 18 months from the date the Qualified Beneficiary's health coverage would have stopped due to a Qualifying Event based on employment stopping or work hours being reduced.
- If a Qualified Beneficiary is determined by the Social Security Administration to have been disabled at the time the employee's employment stopped or work hours were reduced, that Qualified Beneficiary may elect an additional 11 months of coverage under this Plan, subject to the following conditions:
 - The Qualified Beneficiary must provide the Employer with the Social Security Administration's determination of disability within 60 days of the time the determination is made and within the initial 18 month continuation period.
 - The Qualified Beneficiary must agree to pay any increase in the required payment necessary to continue the coverage for the additional 11 months.
- 36 months from the date the health coverage would have stopped due to the Qualifying Event other than those described above.
- The date this plan stops being in force.
- The date the Qualified Beneficiary fails to make the required payment for the coverage.
- The date the Qualified Beneficiary becomes entitled to benefits under Medicare.
- The date the Qualified Beneficiary, after electing this continuation, becomes covered under any other group health plan. (This does not apply if the other group health plan excludes or limits coverage for a Qualified Beneficiary's pre-existing condition.)

If the Qualified Beneficiary is already covered under any other group health plan and elects continuation of health coverage under this plan, the Qualified Beneficiary must stop coverage under that other group health plan. If the Qualified Beneficiary does not stop coverage under that other plan, coverage under this continuation will stop.

If after the first Qualifying Event another Qualifying Event occurs, coverage can be continued for an additional period, up to 36 months from the date coverage would have stopped as a result of the first Qualifying Event.

However, if an employee becomes entitled to Medicare within an 18 month continuation period, a Qualified Beneficiary may continue coverage for an additional 36 months beginning on the date the employee becomes entitled to Medicare.

Coverage will stop for the same reasons as coverage would have stopped for the first Qualifying Event.

Election Period

A Qualified Beneficiary has at least 60 days to elect to continue coverage. The election period ends on the later of:

- 60 days after the date coverage would have stopped due to the Qualifying Event.
- 60 days after the date the person receives notice of the right to continue coverage.

Unless otherwise specified, an employee or spouse's election to continue coverage will be considered an election on behalf of all other Qualified Beneficiaries who would also lose coverage because of the same Qualifying Event.

Required Payments

A Qualified Beneficiary has 45 days from the date of election to make the first required payment for the coverage. The first payment will include any required payment for the continued coverage before the date of the election.

Notification Requirements

A Qualified Beneficiary must notify the Employer within 60 days when any of the following Qualifying Events happen:

- The Qualified Beneficiary's marriage is dissolved.
- The Qualified Beneficiary becomes legally separated from his or her spouse.
- A child stops being an eligible Dependent.

The employer will send the appropriate Election Form to the Qualified Beneficiary within 14 days after receiving this notice.

Conversion

At the end of this continuation period, a Qualified Beneficiary may be eligible for a conversion privilege if one is generally available under the plan.

Claims

File a claim by completing a claim form, if necessary, and attaching your bills to the form. "COBRA" should be written on each of the bills.

SPECIAL TERMS THAT APPLY TO THIS CONTINUATION PROVISION

QUALIFYING EVENT

A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary:

- Your employment ends (except in the case of gross misconduct),
- Your work hours are reduced,
- You become entitled to benefits under Medicare,
- Your death,
- Your marriage is dissolved,
- You become legally separated from your spouse, or
- Your dependent child stops being an eligible dependent.

A bankruptcy is a Qualifying Event for certain Retired Employees and their Dependents under certain conditions. If there is a bankruptcy, Retired Employee should contact the Employer or UnitedHealthcare for more information.

QUALIFIED BENEFICIARY

Any of the following persons who are not entitled to Medicare on the day before a Qualifying Event:

- You, the employee.
- An employee's spouse.
- An employee's former spouse (or legally separated spouse).
- A dependent child.

CORE COVERAGE

Core coverage is any benefit not considered Non-Core Coverage, including but not limited to the plan of basic hospital, surgical, medical and major medical coverage or comprehensive medical coverage.

NON-CORE COVERAGE

Non-Core coverage is any dental care benefits or vision care benefits.