

COBRA ELECTION FORM

For employees with insurance benefits:

For insurance coverage to continue under COBRA you must complete and return this form to Weber School District HR/Payroll within 60 days of your termination. Please contact Human Resources for the current COBRA Premium rates. If you have other questions please call Melanie @ 801-476-7802.

I elect to continue Medical / Dental / Vision / Flexible Spending coverage. I understand that monthly premiums are due on the first day of each month. If premiums are not received on the first day of each month, all policies are subject to cancellation.

I DO NOT elect to continue Medical / Dental / Vision / Flexible Spending coverage.

Name _____ Social Security Number _____

Address _____

Phone _____ Birth Date _____

Last day worked _____ Male _____ Female _____

Event: (Please Check One)

- Termination Retirement Reduced Hours Death
- Leave of Absence Divorce Ineligible Dependent Other
- Early Retired Insurance Benefit Ended

Plan Choice:

Medical Altius _____ United Health Care _____

Single _____ Two Party _____ Family _____

Dental Gold _____ Platinum EPO _____ Platinum PPO _____

Single _____ Two Party _____ Family _____

Vision 70C _____ 120C _____

Single _____ Two Party _____ Family _____

Flexible Spending Monthly Amount \$ _____

Signature: _____ Date: _____

**Acknowledgement of receipt of notice of right to continue
Insurance plan coverage**

GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

What is COBRA Continuation Coverage?

COBRA continuation coverage is a temporary extension of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Depending on the type of qualifying event, "qualifying beneficiaries" can include the employee covered under the group health plan, a covered employee's spouse, and dependent children of the covered employee. Continuation coverage is the same coverage the Plan gives to all participants. You will be required to pay the entire premium plus 2%.

How Long Will COBRA Coverage Last?

In the case of a loss of coverage due to end of employment or reduction of hours of employment coverage may be continued for up to 18 months. In the case of loss of coverage due to an employee's death, divorce or legal separation, the employee's enrollment in Medicare, or a dependent child ceasing to be dependent under the terms of the plan, coverage may be continued for up to 36 months. COBRA coverage will be terminated before the end of the maximum period if required premiums are not paid on time.

What Are My Pre-existing Condition and Special Enrollment Rights?

In considering whether to elect COBRA coverage, you should take into account that a failure to continue coverage could affect your future rights under the law. First, you can lose the right to avoid having pre-existing condition exclusions applied to you by other group health plans if you have more than a 63-day gap in health coverage; election of continuation coverage may help you not have such a gap. Second, you will lose the guaranteed right to purchase individual health insurance policies that do not impose such pre-existing condition exclusions if you do not get continuation coverage for the maximum time available to you. Finally, you should take into account that you have special enrollment rights under federal law. You have the right to request special enrollment in another health plan for which you are otherwise eligible (such as a plan sponsored by your spouse's employer) within 30 days after your group health coverage ends because of the qualifying event. You will also have the same special enrollment right at the end of the continuation coverage if you get continuation coverage for the maximum time available to you.

CONVERTING LIFE INSURANCE:

You may be eligible to buy an individual policy of the life insurance without Evidence of Insurability if your insurance ends due to termination or amendment of the Group Policy. Your dependents, if any, may also be eligible if dependent Life Insurance ends due to termination or amendment of the Group Policy. You must apply in writing to the Insurance Company and pay the first premium within 31 days of when the insurance ends. You are eligible if you have been insured under the group Policy for at least five years. Your dependents are eligible if they have been insured under the Group policy for at least five years. Please refer to your Group Certificate for additional details.