

Toledo Electrical Welfare Fund Notice of Group Health Care Continuation

Name

Date of Original Qualifying Event

Date of Notice

If you choose to terminate your coverage by not accepting the indicated self-payment or waiver of self-payment, you are entitled to continue your health coverages as shown below. If you elect to continue coverage, please complete and return the attached election form.

Employee terminates or hours are reduced below minimum required by the plan

You are entitled to continue coverage under our group health plan (as described in your booklet) for **18 months** following your termination date. Coverage will continue (but not beyond 18 months) as long as you are not covered by another group health plan (but see "Exception" below) and as long as you pay the required premium when due. If notice is received within 60 days of a disability determination and prior to the end of the 18th month at any time during the first 60 days of COBRA coverage, your coverage may be extended for up to an additional 11 months, provided you pay the required premium. This extension applies to all individuals covered under COBRA coverage. To be considered disabled, you must meet disability requirements as determined under the Social Security Act, Title II or XVI.

Employee dies with covered eligible dependents

As the spouse/eligible dependents of an employee who died while covered by our group health plan, you are entitled to continue coverage under our group health plan (as described in your booklet) for **36 months** following the date of death. Coverage will continue (but not beyond 36 months) as long as you are not covered by another group health plan (but see "Exceptions" below) and as long as you pay the required premium when due.

Covered spouse/dependent loses coverage when employee becomes entitled to Medicare

As the spouse/eligible dependents of an active employee who loses coverage when the employee becomes entitled for Medicare, you are eligible to continue coverage under our group health care plan (as described in your booklet) for **36 months** following the date of such eligibility and loss of coverage. Coverage will continue (but not beyond 36 months) as long as you are not covered by another group health care plan (but see "Exception" below) and as long as you pay the required premium when due.

Employee and covered spouse divorce/legally separate

As the former spouse or as a dependent of an employee who is covered by our group health plan, you are entitled to continue coverage under our group health plan (as described in your booklet) for **36 months** following the date of your divorce/legal separation. Coverage will continue (but not beyond 36 months) as long as you are not covered by another group health plan (but see "Exception" below) and as long as you pay the required premium when due.

Dependent child ceases to be eligible for coverage.

As a dependent child who is no longer considered to be eligible under your parent's group health plan because you no longer meet the age requirements of the plan or because you are no longer "dependent", you are entitled to continue coverage under our group health plan (as described in your booklet) for **36 months** following the date you lost your "eligible" status. Coverage will continue (but not beyond 36 months) as long as you are not covered by another group health plan (but see "Exceptions" below) and as long as you pay the required premium when due.

EXCEPTION: Coverage under another group plan will not affect your continued coverage under our plan if, and only if, (1) you have a pre-existing condition, and (2) the other group Plan limits coverage for this pre-existing condition.

The monthly premium rates applicable to your continued coverage are as follows:

	<u>For those eligible for Full Medical Medical & Rx Only</u>	<u>Medical, Rx, Dental & Vision</u>	<u>For those eligible for Basic Medical Base Benefits</u>
Benefits for you	280	300	112
Benefits for you and your eligible dependents	771	826	308

You have 60 days from the later of the date of termination of coverage or the date of this notice to elect COBRA continuation.

Your first payment is due 45 days from the day you choose coverage and that amount should cover the entire period retroactive from the date of the qualifying event. Subsequent payments are due on the first day of each succeeding month. Failure to remit this payment within 30 days of the monthly due date will result in **cancellation** of the extension coverage with no reinstatement allowed.

Basic Medical includes: hospital/room and board, hospital miscellaneous, surgical, emergency room, personal assistance plan, outpatient alcohol, drug and psychiatric. Please refer to your Summary Plan Description.

Claims become payable for each period of coverage only after a premium payment for the coverage period has been made

