



Utah mini-COBRA Continuation Coverage Election Notice Utah NetCare Continuation Coverage Election Notice

date of notice

Dear: _____
qualified beneficiary(ies) identified by name or status

This notice contains important information about your right to continue your health care coverage in the _____ (the Plan). Please read the
name of group health plan

information contained in this notice very carefully.

To elect continuation coverage, follow the instructions on the following pages to complete the enclosed Election Form and submit it to us.

If you do not elect continuation coverage, your coverage under the Plan will end on _____ due to:

date

- End of employment
 - Involuntary
 - Voluntary
- Divorce or legal separation
- Death of employee
- Entitlement to Medicare
- Reduction in hours of employment
- Loss of dependent child status
- Sabbatical
- Disability
- Leave of absence

Each person in the category(ies) checked below is entitled to elect continuation coverage, which will continue group health care coverage under the Plan for up to 12 months.

- Employee or former employee
- Spouse or former spouse
- Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

If elected, continuation coverage will begin on _____ and can last until
date

Continuation coverage will cost:

monthly amount(s) each qualified beneficiary will be required to pay for each option per month of coverage and any other permitted coverage periods.

You do not have to send any payment with the Election Form. Important additional information about payment for continuation coverage is included in the pages following the Election Form.

If you have any questions about this notice or your rights to continuation coverage, you should contact

name of party at the group responsible for continuation coverage administration for the issuer, with telephone number and address

Utah mini-COBRA/NetCare Continuation Coverage Election Form

Instructions: To elect continuation coverage, complete this Election Form and return it to us. Under Utah Code Annotated § 31A-22-722, you have 30 days after the date of this notice to decide whether you want to elect continuation coverage.

Send completed Election Form to: _____
Name and address

This Election Form must be completed and returned by mail, postmarked no later than _____
Date

Or _____
[or describe any other means of submission and due date]

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect continuation coverage. If you reject continuation coverage before the due date, you may change your mind as long as you furnish a completed Election Form before the due date. However, if you change your mind after first rejecting continuation coverage, your continuation coverage will begin on the date you furnish the completed Election Form.

I (We) elect continuation coverage in the _____ (the Plan) as
Name of plan

indicated below:

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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a. _____
[Add if appropriate: Coverage option(s): _____]

b. _____
[Add if appropriate: Coverage option(s): _____]

c. _____
[Add if appropriate: Coverage option(s): _____]

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number

Important Information about Your Continuation Coverage Rights

What is continuation coverage?

Utah law requires that most group health insurance coverage (including this coverage) give employees and their families the opportunity to continue their coverage when there is a “qualifying event” that would result in a loss of coverage under an employer’s plan. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee.

Continuation coverage is the same coverage that the Plan gives to other participants or beneficiaries under the Plan who are not receiving continuation coverage. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including special enrollment rights.

How long will continuation coverage last?

Except as specified below, coverage may be continued without interruption for 12 months.

Coverage will be terminated before the 12 months are completed if:

- Residence is established outside this state;
- Insured moves out of the insurer’s service area;
- Insured fails to pay premiums or contributions in accordance with the terms of the policy, including any timeliness requirements;
- Insured performs an act or practice that constitutes fraud in connection with the coverage;
- Insured makes an intentional misrepresentation of material fact under the terms of the coverage;
- Insured becomes eligible for similar coverage under another group policy; or
- The employer’s coverage is terminated.

The insured must provide notice of becoming eligible for Medicare or another group health plan (or be subject to tax penalties) and continuation coverage will end as of the later of that eligibility.

How can you elect continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. In considering whether to elect continuation coverage, you should take into account that a failure to continue your group health coverage will affect your future rights under federal law. First, you can lose the right to avoid having preexisting condition exclusions applied to you by other group health plans if you have a 63-day gap in health coverage, and election of continuation coverage may help prevent such a gap. Second, you will lose the guaranteed right to purchase individual health coverage that does not impose a preexisting condition exclusion if you do not elect 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 group 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 listed above. You will also have the same special enrollment right at the end of continuation coverage if you get continuation coverage for the maximum time available to you.

How much does continuation coverage cost?

Generally, each qualified beneficiary may be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent of the cost to the group health plan (including both employer and employee contributions) for coverage of a similarly situated plan participant or beneficiary who is not receiving continuation coverage.

If employees might be eligible for trade adjustment assistance, the following information must be added: The Trade Act of 2002 created a tax credit for certain individuals who become eligible for trade adjustment assistance and for certain retired employees who are receiving pension payments from the Pension Benefit Guaranty Corporation (PBGC). Under the tax provisions, eligible individuals can either take a tax credit or get advance payment of 65% of premiums paid for qualified health insurance, including continuation coverage. ARRA made several amendments to these provisions, including an increase in the amount of the credit to 80% of premiums for coverage before January 1, 2011 and temporary extensions of the maximum period of COBRA continuation coverage for PBGC recipients (covered employees who have a nonforfeitable right to a benefit any portion of which is to be paid by the PBGC) and TAA-eligible individuals.

If you have questions about these provisions, you may call the Health Coverage Tax Credit Customer Contact Center toll-free at 1-866-628-4282. TTD/TTY callers may call toll-free at 1-866-626-4282. More information about the Trade Act is also available at www.doleta.gov/tradeact.]

When and how must payment for continuation coverage be made?

Under normal circumstances, your payments of premiums for continuation coverage are due to

_____ *group name*

by

_____ *requirements related to payment for continuation coverage, including any periodic payment provisions or permissible grace periods*

Contact _____ at

Group name

_____ *contact information for the party responsible for continuation coverage administration under the Plan*
to confirm the correct amount of your first payment.

Your payment(s) for continuation coverage should be sent to:

_____ *Payment address*

For more information

This notice does not fully describe continuation coverage or other rights with respect to your coverage. More information is available from

contact information for the party responsible for continuation coverage administration under the Plan

If you have any questions concerning the information in this notice or your rights to coverage, you should contact

name of party at the group responsible for continuation coverage administration for the Plan, with telephone number and address

For more information about your rights under state law, contact the Utah Insurance Department at (801) 538-3800, toll-free in Utah at (800) 439-3805, or visit the department's website at www.insurance.utah.gov.

Keep Your Plan Informed of Address Changes

In order to protect your rights and those of you family, you should keep

group name and contact information

informed of any changes in your address and the addresses of family members. You should also keep a copy, for your records, of any notices you send.