

INITIAL NOTIFICATION STATEMENT

EMPLOYEE ELIGIBILITY NOTICE OF GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA for the employee

This notice is intended to inform you, in a summary fashion, of your rights and our obligations under the continuation coverage provisions of the law.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers to offer continued group health care coverage to individuals who would otherwise lose coverage as a result of certain “qualifying events.” This federal law requires that employers sponsoring group health plans offer employees and their eligible-covered dependents the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end without proving that you or your eligible dependents are insurable. However, continuation of coverage under COBRA is provided subject to your eligibility for coverage. Miami-Dade County Public Schools reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

As an employee covered by an offered Miami-Dade County Public Schools health care carrier, you have the right to choose to continue your current medical benefits at the termination of your employment. Under the law the employee has the responsibility to inform the Plan Administrator of a divorce, or a child losing dependent status within 60 days of the date of the event. Upon notification of a qualifying event occurring, the School Board will in turn notify you via certified mail the right to choose continuous coverage. The continuation will end at the end of 18 months.

However, the law also provides that continuation coverage may be cut short for any of the following five reasons:

Miami-Dade County Public Schools no longer provides group health coverage to any of its employees.

The premium for continuation coverage is not paid on time.

The covered participant becomes covered after the date the COBRA begins under another group health plan that does not contain any exclusions or limitations with respect to any pre-existing conditions.

The covered participant becomes entitled to Medicare after the election of COBRA.

The covered participant becomes disabled, then the eligibility is extended to 29 months.

If you do not choose continuation coverage on a timely basis, your group health insurance coverage will end.

INITIAL NOTIFICATION STATEMENT

EMPLOYEE ELIGIBILITY NOTICE **OF** **GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA** **for the eligible dependents**

This notice is intended to inform you, in a summary fashion, of your rights and the rights of your legal spouse and eligible dependents and our obligations under the continuation coverage provisions of the law.

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers to offer continued group health care coverage to individuals who would otherwise lose coverage as a result of certain “qualifying events.” This federal law requires that employers sponsoring group health plans offer employees and their eligible-covered dependents the opportunity for a temporary extension of health coverage at group rates in certain instances where coverage under the plan would otherwise end without proving that you are insurable to choose coverage. However, continuation of coverage under COBRA is provided subject to your eligibility for coverage. Miami-Dade County Public Schools reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

As a covered eligible dependent on an offered Miami-Dade County Public Schools health care carrier, you have the right to choose to continue your current medical benefits at the termination of your ineligibility. Under the law the eligible dependent has the responsibility to inform the Plan Administrator of a divorce, or death of the employee within 60 days of the date of the event. Upon notification of a qualifying event occurring, the School Board will in turn notify you via certified mail the right to choose continuous coverage. The continuation will end at the end of 18 months if the employee has terminated employment. If the qualifying event is death, or divorce the qualifying period of coverage will be extended to 36 months.

If you do not choose continuation of coverage on a timely basis, your group health care coverage will end.