

Town of Dedham



Human Resources
450 Washington Street
Dedham, MA 02026
Telephone (781) 751-9174
FAX (781) 751-9138

"COBRA" RIGHTS NOTICE

FOR

GROUP HEALTH CONTINUATION OF COVERAGE

I, _____ of the _____
(Print Name) *(Print Department)*
in the Town of Dedham, have received the COBRA Rights Notice informing me of my rights
and obligations under the continuation coverage provisions of the new law.

(Employee's Signature)

(Date)

(Spouse's Signature)

(Date)

Please complete and return this form to:

Human Resource Office
Town Hall
450 Washington Street
Dedham, MA 02026



IMPORTANT NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

AS OF

AUGUST 13, 2003

You are receiving this notice because you have recently become covered under the Town of Dedham's group health Plan.

This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and to other members of your family who are covered under the Plan when you would otherwise lose your group health coverage.

This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

This notice gives only a summary of your COBRA continuation coverage rights. For more information about your rights and obligations under the Plan and under federal law, you should either review the Plan's Summary Plan Description or get a copy of the Plan Document from the Plan Administrator.

The Plan Administrator is: The Town of Dedham
26 Bryant Street
Dedham, MA, 02026
781-751-9174

Group Benefits Strategies is responsible for administering COBRA continuation coverage. Group Benefits Strategies is located at 15 Midstate Drive, Suite 110, Auburn, MA 01501, (800) 229-8008.

COBRA CONTINUATION COVERAGE

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” A qualified beneficiary is someone who will lose coverage under the Plan because of a qualifying event. Depending on the type of qualifying event, employees, spouses of employees, and dependent children of employees may be qualified beneficiaries. Under the Plan, qualified beneficiaries who elect COBRA continuation must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- (1) Your hours of employment are reduced, or
- (2) Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you will lose your coverage under the Plan when any of the following qualifying events happens:

- (1) Your spouse dies;
- (2) Your spouse’s hours of employment are reduced;
- (3) Your spouse’s employment ends for any other reason than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (part A or B or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they will lose coverage under the Plan when any of the following qualifying events happens:

- (1) The parent-employee dies;
- (2) The parent-employee’s hours of employment are reduced;
- (3) The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (part A or B or both)
- (5) The parents become legally separated or divorced; or
- (6) The child stops being eligible for coverage under the Plan as a “dependent child.”

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to the Town of Dedham, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee is a qualified beneficiary with respect to the bankruptcy. The retired employee’s spouse, surviving spouse, and dependent children will also be qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is: the end of employment or reduction of hours of employment, death of the employee, or commencement of a proceeding in a bankruptcy with respect to the employer, or enrollment of the employee to Medicare (part A or B or both), the employer must notify the Plan Administrator of the qualifying event within 30 days of any of these events.

For other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), **you must notify the Plan Administrator.** The Plan requires you to notify the Plan Administrator within 60 days after the qualifying event occurs. You must contact:

The Town of Dedham
26 Bryant Street
Dedham, MA, 02026
781-751-9174

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. For each qualified beneficiary who elects COBRA continuation coverage, COBRA continuation coverage will begin on the date that the Plan coverage would otherwise have been lost.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, enrollment of the employee in Medicare (part A or B or both), your divorce or legal separation, or a dependent child losing eligibility as a dependent child, COBRA continuation coverage lasts for up to 36 months.

When the qualifying event is the end of employment or the reduction of the employee's hours of employment, COBRA continuation coverage lasts for up to 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled at any time during the first 60 days of COBRA continuation coverage and you notify the Plan Administrator in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total of 29 months. You must make sure that the Plan Administrator is notified of the Social Security Administration's determination within 60 days of the date of the determination and before the end of the 18-month period of COBRA continuation coverage. This notice must be sent to:

The Town of Dedham
26 Bryant Street
Dedham, MA, 02026
781-751-9174

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving COBRA continuation coverage, the spouse and dependent children in your family can get additional months of COBRA continuation coverage, up to a maximum of 36 months. This extension is available to the spouse and dependent children if the former employee dies, enrolls in Medicare (part A or B or both), or get divorced or legally separated. This extension is also available to a dependent child when that child stops being eligible under the Plan as a dependent child. In all of these cases, you must make sure that the Plan Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to:

The Town of Dedham
26 Bryant Street
Dedham, MA, 02026
781-751-9174

If You Have Questions

If you have questions about your COBRA continuation coverage, you should contact Group Benefits Strategies at (800) 229-8008, or you may contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA.) Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at www.dol.gov/ebsa.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.