

**Warning: this is a model of the notice that the employer must provide to qualified beneficiaries who become covered. This notice must be adapted to the specific circumstances of the employer. Neither the MBA Group Insurance Trust Program nor EPK & Associates, Inc. represents or warrants that the notice satisfies the requirements of COBRA. The employer should consult with its employee benefits counsel before using this model as the basis for its own notice.**

*This is a model notice to be typed on your company letterhead*

## **MODEL GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS**

### **\*\* CONTINUATION COVERAGE RIGHTS UNDER COBRA\*\***

#### **Introduction**

You are receiving this notice because you have recently become covered under the MBA Group Insurance Trust Program. 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 [enter name, address and telephone number of Group]. The Plan Administrator is responsible for administering COBRA continuation coverage.

#### **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 coverage 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 lose your coverage under the Plan because any of the following qualifying events happen:

- (1) Your spouse dies,
- (2) Your spouse's hours of employment are reduced,
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct, or
- (4) You become divorced from your spouse.

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

- (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 parents become divorced, or
- (5) The child stops being eligible for coverage under the plan as a "dependent child."

For dependent qualifying events (divorce 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 send this notice to: *[Enter name and address of group]. [Add description of any additional Plan procedures for this notice, including a description of any required information or documentation, whether it should be in writing, etc.]*

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 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, your divorce, 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 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 Trust Administrator (EPK & Associates, Inc.) in a timely fashion, you and your entire family can receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. You must make sure that the Trust 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. A copy of the determination letter from the Social Security Administration **must** be sent with the written notice.

This notice should be sent to:

EPK & Associates, Inc.  
15375 SE 30<sup>th</sup> Pl, Suite 380  
Bellevue, WA 98007

***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, or gets divorced. The 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 Trust Administrator is notified of the second qualifying event within 60 days of the second qualifying event. This notice must be sent to EPK & Associates, Inc. at the address above in writing.

**If You Have Questions**

If you have questions about your COBRA continuation coverage, you should contact EPK & Associates, Inc. at 1-800-545-7011, 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](http://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.