

## **INITIAL COBRA NOTIFICATION \* VERY IMPORTANT NOTICE TO ALL STATE OF CONNECTICUT EMPLOYEES**

It is important that all covered individuals take the time to read this notice carefully and be familiar with contents.

Under federal law, the State of Connecticut is required to offer covered employees and covered family members the opportunity to elect temporary continuation of health coverage at group rates, when coverage under the plan would otherwise end due to certain qualifying events. This notice is intended to inform you and your covered dependents, if any, in a summary fashion of your options and obligations under the continuation coverage provisions of the law.

### **QUALIFYING EVENTS**

**For a covered employee** - If you are an employee of the State of Connecticut covered by a state-sponsored group health plan; you may have the right to elect this continuation coverage if you lose your group health coverage because of termination of your employment or a reduction in your hours of employment.

**For a covered spouse** - If you are the spouse of an employee of the State of Connecticut and are covered under his or her state-sponsored group health insurance plan, you may have the right to elect continuation of coverage if you lose such group health plan coverage for any of the following reasons:

1. A termination of your spouse's employment or a reduction of your spouse's hours of employment with the State of Connecticut;
2. The death of your spouse; or
3. Divorce or legal separation from your spouse.

**For covered dependent children** - If you are the dependent child of an employee covered by a state-sponsored group health plan, and are covered under the plan, you may have the right to elect continuation coverage if you lose such group health coverage for any of the following reasons:

1. A termination of the employee's employment or reduction in the employee's hours of employment with the State of Connecticut;
2. The death of the employee;
3. Parent's divorce or legal separation; or
4. You cease to be a "dependent child" under the group health plan.

If you are a child born or placed for adoption with a covered employee during the continuation coverage period, you may also elect continuation coverage.

### **NOTIFICATION REQUIREMENTS FOR COVERED EMPLOYEES, SPOUSES and DEPENDENTS**

Under the law, the covered employee, spouse, or other family member has the responsibility to inform the State of Connecticut of a divorce, legal separation, or a child losing dependent status under the state sponsored group health plan. This notification must be made within sixty (60) days from the later of the dates of the event or the date on which coverage would be lost because of the event. This notification must be made to your personnel or payroll office. Check the dependent eligibility rules of your plan carefully to determine when a child loses dependent status under the plan. If this notification is not completed in a timely manner, rights to continuation coverage may be forfeited. Your agency has the responsibility to notify the COBRA Administrator of your termination of employment, reduction in hours, or death.

### **ELECTION PERIOD**

Once your agency is notified that a qualifying event has occurred, it will in turn notify covered individuals (also known as qualified beneficiaries) of their right to elect continuation coverage. Each qualified beneficiary has an independent election right and will have sixty (60) days from the later of the date coverage is lost under the group health plan or from the date of notification to elect continuation coverage. If a qualified beneficiary does not elect continuation coverage within this election period the right to elect continuation coverage will end.

If a qualified beneficiary elects continuation coverage and pays the applicable premium, the State of Connecticut is required to provide the qualified beneficiary with coverage that is identical to the coverage provided under the plan to similarly situated employees and/or covered dependents. If coverage is modified for similarly situated active employees, then continuation coverage may be similarly changed and/or modified.