



COBRA Continuation Coverage Election (1)

[Enter date of notice]

Dear:

This notice contains important information about your right to continue your health care coverage in The Research Foundation for the State University of New York Health Insurance Plan, Dental Plan, and Vision Plan (the Plans), as well as other health coverage alternatives that may be available to you through the Health Insurance Marketplace. Please read the information contained in this notice very carefully.

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

If you do not elect COBRA continuation coverage, your coverage under the Plan will end on [enter date] due to [check appropriate box(es)]:

- End of employment
- Divorce or legal separation
- Death of employee
- Entitlement to Medicare
- Reduction in hours of employment
- Loss of dependent child status

Each person ("qualified beneficiary") in the category(ies) checked below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the Plan for up to 36 months (and dental and vision coverage for 18 months) [check appropriate box or boxes; names may be added]:

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

COBRA continuation coverage premium amounts are listed on the attached premium rate sheet. You do not have to send any payment with the Election Form. Important additional information about payment for COBRA continuation coverage is included in the pages following the Election Form.

There may be other coverage options for you and your family. As part of the Affordable Care Act, you can buy coverage through the Health Insurance Marketplace (visit www.healthcare.gov for additional information). In the Marketplace, you could be eligible for a new kind of tax credit that lowers your monthly premiums right away, and you can see what your premium, deductibles, and out-of-pocket costs will be before you make a decision to enroll. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group

health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days.

If you have any questions about this notice, you should contact: Research Foundation central benefits office: COBRA unit, 35 State Street, Albany, NY 12207. You can telephone during normal business hours Monday through Friday (518) 434-7101 or email benefits@rfsuny.org.

COBRA Continuation Coverage Election Form

Instructions: To elect COBRA continuation coverage, complete this Election Form and return it to us. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage under the Plan.

Send completed Election Form to: Research Foundation central benefits office: COBRA unit, 35 State Street, Albany, NY 12207.

This Election Form must be completed and returned by mail and post-marked not later than _____ (enter date)

If you do not submit a completed Election Form by the due date shown above, you will lose your right to elect COBRA continuation coverage. If you reject COBRA 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 COBRA continuation coverage, your COBRA continuation coverage will begin on the date you furnish the completed Election Form.

Read the important information about your rights included in the pages after the Election Form.

I (We) elect COBRA continuation coverage in The Research Foundation for SUNY Health Insurance Plan as indicated below:

Employee's Name _____
Address _____
Telephone Number _____
Social Security Number _____
Date of Birth _____
Campus _____

Name	Date of Birth	Relationship to Employee	SSN (or other identifier)
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a. _____

b. _____

c. _____

d. _____

e. _____

Coverage may be continued only for benefits you have on the date of the qualifying event.

Type of Coverage elected:

Individual electing coverage:

		a.	b.	c.	d.	e.
Health Insurance						
Dental Plan						
Vision Plan						

If you are covered by a region-specific health option, and you move out of the coverage area, please contact the Research Foundation central benefits office: COBRA unit, 35 State Street, Albany, NY 12207, via email at benefits@rfsuny.org or by telephone (518) 434-7101 during regular business hours (8:30 am to 4:30 pm ET, Monday through Friday).

To be signed by the applicant for continuation of benefits:

I certify that I am eligible for continuation of benefits, that I am covered for the benefits applied for as an employee or dependent under my other group health plan and am not eligible for Medicare, and that I will discontinue this coverage if I become a covered member under any other group health plan or eligible for Medicare in the future.

Signature

Date

Print Name

Relationship to individual(s) listed above

Print Address

Telephone number

Important Information About Your COBRA Continuation Coverage Rights

What is continuation coverage?

Federal law requires that most group health plans (including The Research Foundation for the State University of New York health insurance, dental plan and vision plan) give employees and their families the opportunity to continue their health care 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 (or retired employee) covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee. Although not required by Federal Law, the Research Foundation also allows a covered employee’s domestic partner to continue coverage.

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 open enrollment and special enrollment rights.

How long will continuation coverage last?

Length of coverage varies with federal and New York state law. Qualified beneficiaries will be able to continue coverage under the law that provides the longer period of coverage.

Reason for loss of coverage	Federal Law	New York State Law
End of employment or reduction in hours worked	18 months for health, dental, and vision	36 months for health only
Qualified Disability	29 months for health, dental, and vision	36 months for health only
Employee’s death, divorce or legal separation	36 months for health, dental and vision	Follows federal law
Employee’s entitlement to Medicare benefits*	36 months for health, dental and vision	Follows federal law
Dependent child loss of eligibility	36 months for health, dental and vision	Follows federal law

* Entitlement to Medicare benefits will not automatically cause a loss of coverage for covered RF employees, but it may do so with other employers.

Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time,
- a qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary (note: there are limitations on plans’ imposing a preexisting condition exclusion and such exclusions will become prohibited beginning in 2014 under the Affordable Care Act),
- a qualified beneficiary first becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage, or
- the employer ceases to provide any group health plan for its employees.

Continuation coverage may also be terminated for any reason the Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (such as fraud).

How can you elect COBRA continuation coverage?

To elect continuation coverage, you must complete the Election Form and furnish it according to the directions on the form. Each qualified beneficiary has a separate right to elect continuation coverage. For example, the employee’s spouse may elect continuation coverage even if the employee does not. Continuation coverage may be elected for only one, several, or for all dependent children who are qualified beneficiaries. A parent may elect to continue coverage on behalf of any dependent children. The employee or the employee's spouse can elect continuation coverage on behalf of all of the qualified beneficiaries.

In considering whether to elect continuation coverage, 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 COBRA continuation coverage cost?

The amount a qualified beneficiary may be required to pay may not exceed the percentage indicated in the table below 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. The required payment for each continuation coverage period for each option is described in this notice.

Reason for loss of coverage	Federal Law	New York State Law
End of employment or reduction in hours worked	102% of the full premium	100% of the full premium for periods exceeding that allowed by federal law
Qualified Disability	102% of the full premium for the first 18 months, then 150% of the full premium for the remainder of the coverage period	36 months for health only
Employee’s death, divorce or legal separation	102% of the full premium	Follows federal law
Employee’s entitlement to Medicare benefits*	102% of the full premium	Follows federal law
Dependent child loss of eligibility	102% of the full premium	100% of the full premium for periods exceeding that allowed by federal law

When and how must payment for COBRA continuation coverage be made?

First payment for continuation coverage

If you elect continuation coverage, you should not send any payment with the Election Form. However, you must make your first payment for continuation coverage not later than 45 days after the date of your election. (This is the date the Election Notice is post-marked, if mailed.) If you do not make your first payment for continuation coverage in full not later than 45 days after the date of your election, you will lose all continuation coverage rights under the Plan. You are responsible for making sure that the amount of your first payment is correct. You may contact CONEXIS, P.O. Box 14235, Orange, CA 92363-1225 (Telephone CONEXIS at 877-864-8546 during regular business hours (8am to 8 pm ET, Monday through Friday)), to confirm the correct amount of your first payment.

Periodic payments for continuation coverage

After you make your first payment for continuation coverage, you will be required to pay for continuation coverage for each subsequent month of coverage. Under the Plan, these periodic payments for continuation coverage are due on the first day of the month. If you make a periodic payment on or before its due date, your coverage under the Plan will continue for that coverage period without any break.

Periodic payments for continuation coverage should be sent to:

CONEXIS
P.O. Box 14235
Orange, CA 92363-1225

Telephone CONEXIS at 877-864-8546 during regular business hours (8am to 8 pm ET, Monday through Friday). Their Web site is www.conexis.com

Grace periods for periodic payments

Although periodic payments are due on the dates shown above, you will be given a grace period of 30 days to make each periodic payment. Your continuation coverage will be provided for each coverage period as long as payment for that coverage period is made before the end of the grace period for that payment.

If you fail to make a periodic payment before the end of the grace period for that coverage period, you will lose all rights to continuation coverage under the Plan and your coverage will end.

For more information

This notice does not fully describe continuation coverage or other rights under the Plan. More information about continuation coverage and your rights under the Plan is available in your original COBRA election notice, summary plan description or from your Plan Administrator.

If you have any questions concerning the information in this notice, your rights to coverage, or if you want another copy of the COBRA election notice, you should contact the Research Foundation central benefits office: COBRA unit, 35 State Street, Albany, NY 12207. You can telephone during normal business hours Monday through Friday (518) 434-7101 or email benefits@rfsuny.org.

Employees seeking more information about rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, can contact the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) at 1-866-444-3272 or visit the EBSA website at www.dol.gov/ebsa. For more information about health insurance options available through a Health Insurance Marketplace, visit www.healthcare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your and your family's rights, you should keep the RF Plan Administrator 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 to the Plan Administrator.