

CAMBRIA COUNTY

COBRA NOTIFICATION PROCEDURES

Notification of a Qualifying Event

The Plan will offer COBRA continuation coverage to Qualified Beneficiaries only after the Plan Administrator has been timely notified that a Qualifying Event has occurred.

Qualified Beneficiary generally means an individual (covered employee, spouse or dependent) who is covered under a Group Health Plan on the day before a qualifying event, who is offered an opportunity to elect COBRA coverage (the term also includes a child born to or adopted by a covered employee during a period of COBRA coverage).

Group Health Plan (Plan) means any of the following: Medical, Basic Dental, Optional Dental, and Optional Vision.

Qualifying Event means one of the following events which would result in the termination of your, your spouse's, or your dependent's coverage under the Group Health Plan:

Your employment ends for any reason other than for your gross misconduct;

You hours of employment are reduced;

Your death;

Your entitlement to Medicare

You and your spouse divorce;

Your dependent is no longer eligible under the Plan; or

In certain situations, bankruptcy of your employer.

*****Important***** You must notify the Plan Administrator if any of the following qualifying events occur:

You and your spouse divorce; or

Your dependent loses eligibility under the Plan

The Plan requires you to notify the Plan Administrator within **60 days** of the later of the qualifying event date or the loss of coverage using the Notice Procedures outlined below. If these procedures are not followed or if the notice is not provided within the 60-day notification period, any spouse or dependent who loses coverage will not be offered the option to elect continuation coverage.

Notification of a Second Qualifying Event

An extension of the 18-month COBRA continuation coverage period, up to 36 months, may be available to spouses and dependent children of a covered employee, who are qualified beneficiaries, if during the first 18 months of continuation coverage, a second qualifying event occurs. Such second qualifying events include the death of a covered employee, divorce from the covered employee, enrollment of the covered employee in Medicare (but only if it causes a loss of coverage under the Plan) or a dependent ceases to be eligible for coverage under the Plan.

Upon the occurrence of second qualifying event, you must notify the Plan Administrator within **60 days** of the date the second qualifying event occurs using the Notice Procedures outline below. If these procedures are not followed or if the notice is not provided within the 60-day notification period, an extension of the COBRA continuation coverage period will not be made.

Notification of Disability

An 11-month extension of COBRA continuation coverage may be available to qualified beneficiaries if any of the qualified beneficiaries are determined by the Social Security Administration (SSA) to have been disabled at any time during the first 60 days of continuation coverage.

To qualify, you must notify the Plan Administrator, using the Notice Procedures outlined below, within **60 days** of the SSA's determination of disability and before the end of the 18 months of continuation coverage. If these procedures are not followed or notice is not provided within the period required, there will be no disability extension of COBRA continuation coverage.

If a qualified beneficiary is determined by the SSA to no longer be disabled, you must notify the Plan Administrator within **30 days** of the SSA's determination using the Notice Procedures outlined below.

Notice Procedures

Any notice you provide must be in writing but oral notice will be accepted if made directly to the individual acting on behalf of the Plan Administrator as named below.

Notice must be made to: Gina M Sowers (acting on behalf of the Plan Administrator)
Cambria County Personnel Director
200 South Center Street
Ebensburg, PA 15931

The notice must include the name of the Plan, the name and address of the employee covered under the Plan, and the name and address of the qualified beneficiary(ies). Your notice must also name the qualifying event and the date that it occurred. Additional documentation or information is required as follows:

If the qualifying event is divorce, you must also provide a copy of the divorce decree.

In the event of a disability, notification must also include the name of disabled qualified beneficiary, the date when the qualified beneficiary became disabled, the date the Social Security Administration made its determination and a copy of the SSA determination letter.

If a qualified beneficiary is no longer disabled as determined by the Social Security Administration, a copy of the determination letter must also be provided.

If your notice is mailed, it must be postmarked no later than the last day of the required notice period. See applicable section above for required notification periods. Please contact the Plan Administrator at 814-472-1610 with any questions.