



## **Southern Lehigh School District COBRA Acknowledgment**

In 1986, a federal law was enacted (Public Law 99-272, Title X) commonly referred to as COBRA. It requires that employers sponsoring group health plans, offer employees and qualified family members, at personal expense, the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. This notice is intended to provide you with a summary of your rights and obligations under this law.

If you are an employee of Southern Lehigh School District, you have the right to choose continued coverage under the existing health plan if you lose your group health coverage because of a deduction in hours or employment or termination of employment (for reasons other than gross misconduct on your part).

If you are the spouse of a Southern Lehigh School District employee, you have a right to choose continuation coverage for yourself if you lose group health coverage for any of the following four reasons:

1. The death of your spouse
2. The termination of your spouse's employment (except in cases of gross misconduct) or reduction in hours of employment.
3. Divorce or legal separation from your spouse.
4. Your spouse becomes entitled to Medicare.

In the case of a dependent child of Southern Lehigh School District employee, he or she has the right to continuation coverage if the coverage is lost for any of the five following reasons:

1. The death of a parent.
2. The termination of a parent's employment (for reasons other than gross misconduct) or reduction in a parent's hours of employment.
3. Parent's divorce or legal separation
4. A parent becomes entitled to Medicare
5. A dependent child ceases to be a dependent child under the health plan provisions.

This law also requires the employee or a family member to inform the employer (Southern Lehigh School District Human Resources, Benefits Department ) of a divorce, legal separation or a child losing dependent status within 60 days of the date of the event or the date on which coverage would end because of the event, whichever is later. Southern Lehigh School District has the responsibility to make notifications to the COBRA administrator or contractor concerning an employee's death, termination or reduction in hours of employment or Medicare entitlement.

When the plan administrator or contractor has been notified that one of these events has occurred, you will be notified that you have a right to choose continuation coverage. Under the law, you have 60 days from the date you lose coverage because of one of the events described above, or from the date notice of your election rights are sent to you, whichever is later, to inform the plan administrator that you want the continuation coverage. If you do not choose continuation coverage, your health insurance coverage will end.

If you choose continuation coverage, Southern Lehigh School District will certify you for coverage which is identical to that provided under the plan to similarly situated employees or family members. The continuation period is 36 months unless the qualifying event is termination of employment or reduction in hours in which case the period is 18 months. The 18 months can be extended to 29 months if a covered individual is determined to be disabled under Social Security guidelines and certification and the plan administrator is notified within 60 days. The 18 months may also be extended to 36 month if other events such as death, divorce, legal separation or Medicare entitlement occur with the 18-month period.

Continuation coverage may be terminated for any of the following five reasons:

1. Southern Lehigh School District no longer provides group health care coverage to any of its employees.
2. The premium for your continuation coverage is not paid on time.
3. You become covered under another health plan.
4. You become entitled to Medicare.
5. You extended your coverage for up to 29 months due to disability and there has been a final determination that you are no longer disabled.

You do not have to show that you are insurable to choose continuation coverage; however under the law you have to pay the premium for the continuation period as appropriate. The law provides that at the end of the continuation period, you must be allowed to enroll in an individual conversion plan provided by the health plan provider.

All employees and covered adult members of their families are encouraged to read this notice thoroughly and sign the attached COBRA Acknowledgement form. Please return the Acknowledgement form to Southern Lehigh School District within ten days. If you have any questions about the law or if any changes in marital status, address or dependency occur, please contact the Benefits Department as soon as possible. This notice and Acknowledgment is also provided to new employees at the start of their employment.

**I hereby confirm my receipt of the COBRA information notice regarding group health plan benefit continuation coverage.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

***Southern Lehigh School District / An Equal Opportunity Employer***