



395 North Service Road
 Melville, NY 11747-3127
 631-694-6565

Continuation of Coverage Election Form

Please see reverse for information regarding continuation of coverage prior to completing this form.

Section I To be completed by employer. Please print.

Employer Name	Employer Signature
Employer Address Street	
City State Zip	
Group Policy #	
Employee Coverage Termination Date	Notification Date

Section II To be completed by employee & dependents. Please print.

Persons Electing Continuation of Coverage	Date of Birth	Social Security Number	Member ID No.	PCP ID No.	Signature <i>Required for children over 18</i>
Employee					
Spouse (or former Spouse)					
Child(ren)					

Employee Address Street	City State Zip
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See reverse for information regarding eligibility, qualifying events, length of coverage and procedural guidelines regarding payment and notification prior to completing this form.

Please check the applicable Qualifying Event that made you or your dependents eligible for continuation of coverage.

- | | | |
|--|--|--|
| 18 months of coverage | 36 months of coverage | |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Employee Death | <input type="checkbox"/> Divorce/Separation |
| <input type="checkbox"/> Reduction in work hours | <input type="checkbox"/> Employee Entitled to Medicare | <input type="checkbox"/> Dependent no longer meets plan definition |

Note: Vytra cannot provide legal advice. We suggest you consult your own counsel if you have specific questions concerning your responsibilities and entitlements under the law.

For Vytra Use Only Date of Qualifying Event _____	Date COBRA Expires _____
New ID Number _____	

Guidelines Regarding Continuation of Coverage

Employees and their eligible dependents are afforded the opportunity to continue health coverage under circumstances when coverage usually would have terminated. Continued coverage may be available to you and/or your eligible family members if one of the following “Qualifying Events” occurs:

1. You terminate your employment (except for gross misconduct). *(Applies to you and your dependents for a period up to 18 months).*
2. Your work hours are reduced and you no longer meet the eligibility requirements for coverage. *(Applies to you and your dependents for a period up to 18 months)*
3. You die. *(Applies to your dependents for a period up to 36 months)*
4. You divorce or legally separate. *(Applies to your dependents for a period up to 36 months)*
5. You become entitled to Medicare. *(Applies to your dependents for a period up to 36 months)*
6. Your child no longer meets eligibility requirements to be considered a covered dependent. *(Applies to that dependent for a period up to 36 months)*

Please note that if you were determined by Social Security to have been disabled on the date your employment terminated, you may be able to continue for up to 29 months from the termination date.

For all of the above (items 1-6), by law, the employer groups *have the option to charge an additional 2% of premium as an administrative fee.* However, *if you are declared disabled, the first 18 months of the premium may be subject to an additional 2% administrative fee, and the following 11 months of premium may be subject to a 50% administrative fee.* All administrative fees are paid to the employer.

Your continuation of coverage is subject to end before the 18, 29, or 36 months if any of the following occur:

1. You fail to pay premium on a timely basis. Coverage will cease for the end of the period for which payment was made.
2. You or your dependent become covered for benefits under another plan that does not exclude pre-existing conditions for you or your dependents.
3. If the group plan ends for all employees and is not replaced.
4. If you or your eligible dependents become entitled to Medicare, continued coverage will cease.

To elect continuation of coverage you and or your dependents have *60 days from the later of the date of a. the “Qualifying Event” or b. notification of your right to elect continuation.* You have *45 days from the date of election to pay your first month's premium.* All subsequent premium payments are subject to the *grace period policy applicable to your group.*

This release is not intended to supply legal advice or to offer solutions to individual problems. Employers who require such advice should consult with their own legal counsel.



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