**{Date of COBRA Letter}**

**{Name of COBRA Qualified Beneficiary EE}, {Name of COBRA Qualified Beneficiary Spouse}** and all covered dependents

**{Address of COBRA Qualified Beneficiary}**

**IMPORTANT NOTICE REGARDING EXTENSION OF YOUR CONTINUATION COVERAGE PERIOD**

**Original Continuation Coverage Timelines**

Since **{Date Coverage was canceled}** you have been covered under our group health insurance plan under rights provided you by the federal COBRA law. This letter is to acknowledge receipt of a Social Security Disability determination which shows **{Name of disabled Qualified Beneficiary}** was disabled according to Social Security Administration definitions on the date of the qualifying event or within the first 60 days of continuation coverage.

**Extended Continuation Coverage Timelines and Independent Election**

The Social Security disability allows all qualified beneficiaries to extend continuation coverage for a maximum period of 29 months of coverage measured from the original COBRA effective date. The right to extend coverage applies independently to each qualified beneficiary. Therefore, the qualified beneficiary that has been deemed disabled does not have to extend coverage for the other qualified beneficiaries to take advantage of this extension. **UNLESS NOTIFIED OTHERWISE, WE WILL ASSUME THAT ALL QUALIFIED BENEFICIARIES ARE EXTENDING COVERAGE.** If this is not the case, you must notify **{Employer Name}, {Contact Name} {Employer address}, {Employer Contact phone number}** in writing prior to the expiration of the original 18 month continuation coverage timeline of those qualified beneficiaries that are taking advantage of the extension.

If the disabled qualified beneficiary remains disabled throughout the continuation time period, your last day of coverage under the policy will now be **{Enter date coverage will expire}**. Should the disabled qualified beneficiary cease to be disabled according to the Social Security Administration, you are required by federal law to notify us within 30 days of that determination. If this should occur during the original 18 month timeline, then qualified beneficiaries are still entitled to the original 18 months of continuation coverage. If the disabled qualified beneficiary ceases to be disabled during the 11 month extension, then continuation coverage will be canceled on the first day of the month following 30 days after the determination is made that the qualified beneficiary is no longer disabled.

In addition, your continuation coverage can also be canceled prior to **{Enter date coverage will expire},** should you fail to make timely premium payments on the first of each month or within the maximum (30) grace period, **{Employer Name}** ceases to maintain any group health plans, you become entitled to Medicare benefits, you become covered under another group health plan.

**150% Premium Amount**

Your continuation premium will be the same for the remainder of your original 18 month coverage period. However, starting with the date your extended coverage begins, law allows the employer to charge 150% of the applicable rate. As stated above, we are assuming all qualified beneficiaries are extending coverage, including the disabled qualified beneficiary. If, however, we are notified that only non-disabled qualified beneficiaries elect the extension, then the premium rate will remain at the 102% rate. Approximately one month prior to your extended coverage, you will be notified of the applicable rate to pay.

As a reminder, another possible extension of the continuation period may occur if during the above coverage extension, a second event (death, Medicare entitlement, divorce, or a dependent child ceasing to be a dependent) occurs. You are required to contact the plan administrator within 60 days of this occurrence and further continuation rights will be evaluated.

**Any Questions or Concerns?**

Should you have any questions regarding your extended continuation coverage, please call the benefits department immediately at **{Employer Contact Phone Number}** so we can provide you with assistance.

***NOTE: Due to the impact of COVID-19, if you experienced a qualifying event, had a COBRA election or premium payment deadline, or a deadline to notify the plan of a disability determination or other event on or after March 1, 2020, all or a portion of deadlines described in this Notice may be extended or disregarded in determining whether the notification or payment is timely until the earlier of (1) 60 days after the announced end of the COVID-19 National Emergency, or (2) 1 year from the applicable deadline.***

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