

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

You are hereby notified that as a terminated employee, or an employee who has lost group coverage because of a reduction in work hours, you have the right to elect to continue group coverage for yourself and your dependents, if applicable, for a maximum period of 18 months. This coverage may end sooner if you become covered under another group plan which does not contain a pre-existing condition limitation (**COBRA and State Law**), or the employer discontinues coverage for active employees, or premium is not paid when due, or you become entitled to Medicare benefits including Medicare Disability, (**COBRA and State Law**), or Medicaid benefits (**State Law**), or cause exists that would result in termination of this coverage for a similarly situated active employee. The 18 months may be extended to 29 months for a terminated member if the member is determined under the Social Security Act to have been disabled any time during the first 60 days from the employee's termination or reduction in hours; however, coverage may end on the date on which the member is determined under the Social Security act to no longer be disabled (**COBRA**).

You are hereby notified that as a legally separated or divorced spouse, or a spouse/dependent of a deceased employee, (**COBRA or State Law**) or a spouse/dependent of an employee who selected Medicare as his/her primary coverage **COBRA** leaving you without coverage, or a dependent who is no longer eligible under the employee's coverage, you have the right to elect to continue group coverage for a maximum period of 36 months (**COBRA**) or 18 months (**State Law**). This coverage may end sooner if you become covered under another group plan which does not contain a pre-existing condition limitation (**COBRA and State Law**), or the employer discontinues coverage for active dependents, or premium is not paid when due, or you become entitled to Medicare benefits including Medicare Disability (**COBRA and State Law**), or Medicaid benefits (**State Law**) or cause exists that would result in termination of this coverage for a similarly situated active dependent.

If group coverage is discontinued for active employees' dependents, the COBRA or State Law will also be discontinued as of the same effective date the group is discontinued. Any premiums paid beyond that date will be refunded to the member.