

Instructions to the employer or HR director:

Please follow the instructions in red regarding dates and wording.

This letter including the appropriate application must be mailed within 14 days of the employee's termination.

We suggest certified or registered mail so you have proof that you attempted to send the notification if any claims arise at a future date that you did not offer the benefit.

Please delete the dental section if your company does not offer a dental plan.

Please amend the Medical payment instructions if your carrier does not bill the member but continues to bill you after they leave and the member is supposed to pay your company. You need to notify the member of where premiums are to be mailed if the carrier is not going to directly bill them.

If you have any questions please call my office at 949 794 1055 before mailing your letter.

Sincerely, Sherene Vander Molen.

Federal Cobra Notification Updated with 2003 changes

Date

To: Employee name and Address

Your health benefits continuation plan at (your Co name)_____allows you to continue health benefits for your self and covered family members, if any, for a period of up to 36 months from the Qualifying event date of _____(date terminated from group insurance). Your Cobra coverage must commence on _____(first of the month following termination of group coverage). Please notify your health carrier you or your qualified dependents were disabled at the time of your Qualifying Event Date, or become disabled with in the first 60 days of the Cobra period.

If you would like to continue receiving these benefits, please complete the enclosed application and return it to out office no later than _____(60 days from termination date of group coverage).

The total premium due for your HEALTH coverage is _____(current billed amount + 2% administration fee for the first 18 months then 110% or the remaining 18 months). You will be billed by Health Net directly after returning your application to us. You are to follow Health Net's payment instructions that will be sent to you by them after we submit your application.

The total premium due for your DENTAL coverage is _____(current billed amount + 2% administration fee for the first 18 months then 110% or the remaining 18 months). You should pay the total premium due at the time you return your application for Cobra to our office. Payments should be made to _____ as the dental carrier does not have direct billing capability and you will remain on our bill if you elect COBRA.

You are allowed to delay the premium payment for 45days after you have signed, dated and submitted your application. Any claims that are submitted for expenses incurred following your termination from our group policy will be held in suspense until you pay all premiums due.

Future premiums are due each month thereafter, and should be mailed on or before the due date. There is a 30-day grace period on all future premiums and payments MUST be postmarked prior to that date. Failure to pay premiums by their due dates may result in your Cobra coverage being terminated. Please be aware that any break in continuous coverage may result in a pre existing clause on future insurance you may want to acquire.

If you have any questions please contact our office.

Sincerely,
