

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## NOTIFICATION FORM

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Coverage End Date (If Continuation Not Elected): \_\_\_\_\_

Under Health Insurance Continuation Rights as provided by Illinois Law, you may be eligible for hospital, surgical and major medical coverage as provided by your former employer's group insurance policy. Please read the attached information carefully so that you can make an informed choice about the benefits available to you.

State Law allows former employees and dependents to continue health insurance coverage under certain circumstances. You must pay the full contribution cost for that coverage to the group employer, including the portion usually paid by the employer.

Please read the Illinois Insurance Facts attached to determine your eligibility for continuation coverage and length of continuation coverage. The premium for your continued coverage would be:

\$ \_\_\_\_\_ per month for employee

\$ \_\_\_\_\_ per month for employee and spouse

\$ \_\_\_\_\_ per month for employee and children

\$ \_\_\_\_\_ per month for employee and family

If you elect to continue coverage for you (and your dependents where applicable), you must complete the Election Form and return it to \_\_\_\_\_, Group Administrator, along with your check for the 1<sup>st</sup> month's premium. Notification of your continuation must be given within the thirty-day period following the later of: 1) the date of employment termination; or 2) the date you are given written notice of your right to continuation.

There are some requirements to coverage, which you should be aware of:

- All payments subsequent to the initial premium payment must be made by the 20<sup>th</sup> of the month prior to the month for which you are electing coverage. For example, payment for November would have to be received by the Group Administrator no later than October 20<sup>th</sup>.
- Coverage may be stopped for an employee who obtains coverage under another group plan or Medicare or does not pay the required premium in a timely manner.
- Coverage for a dependent may be stopped if the spouse remarries and has other group coverage, becomes entitled to Medicare or does not pay the required premium in a timely manner.
- You must notify your employer in the event of divorce or if a dependent child is about to lose coverage because of age within 60 days of occurrence.
- Coverage may be stopped if the employer ceases to maintain any group health plan.
- Coverage may be stopped for cause on the same basis as active employees.

At the time the extension of coverage expires, you will be allowed to enroll in an individual conversion health plan if your plan allows such conversions for similarly situated active employees.

If you have any, questions, please contact \_\_\_\_\_ at 847-000-0000 ext. 222.

**Please note: Make checks payable to \_\_\_\_\_**