

COBRA | Continuation of Health Coverage Benefits

Date of Notice: _____ Print Employee Name: _____

Last 4 SSN: _____

This notice contains important information about your right to continue your healthcare coverage.

Upon termination of your employment with the City of Montgomery, you are eligible to continue your Blue Cross & Blue Shield Group Health coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. Your coverage will be terminated effective either the 15th or last day of the month depending upon the last date a premium is received. (*Premiums deducted out of the first check of the month cover you through the 15th. Premiums deducted out of the second check of the month cover you through the last day of the month.*)

Enrollment in COBRA is retroactive to the date your coverage terminated as there can be no gap in coverage.

COBRA monthly continuation coverage cost:

PPO Plan		HMP Plan	
Single	\$580.00	Single	\$440.00
Family	\$1,260.00	Family	\$955.00

Your cost for COBRA may change over time, as the cost of benefits under the plan changes.

I understand I have sixty (60) days from the day my health insurance coverage is terminated to apply for COBRA.

I understand by signing this form I am not automatically enrolled in COBRA. I must contact the Benefits Office should I choose to enroll.

Witness

Employee Signature

Date Signed

If you have any questions about your rights to COBRA, you should contact:

Plan Administrator: CITY OF MONTGOMERY	Name: ERIKA LEVETT
Address: 103 N. PERRY ST., MONTGOMERY, AL 36104	Phone Number: 334-625-2674