

E 4154/4254/4354 – ALL PERSONNEL - INSURANCE/HEALTH AND WELFARE BENEFITS

Note: The following is a chronological summary of the notice responsibilities required under COBRA for continued health benefits coverage.

	<u>Responsibility</u>	<u>Timeline</u>
Plan Administrator	Provide written notice to all employees of coverage under COBRA	At commencement of coverage
District	Notify Plan Administrator of employee death, termination, retirement, Medicare eligibility or reduction in hours	Within 30 days of event
Plan Administrator	Notify employee/beneficiary of option to elect continued health coverage	Within 14 days
Employee/Beneficiary	Elect to accept or refuse continuation coverage	60 days
Employee/Beneficiary	Notify Plan Administrator of a divorce, legal separation or termination of a child's dependent status	Upon occurrence

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