TO: Enrollees in the Student Health Program

FROM: Megan Barrett, Director of Student Affairs
      Shekinah Ravizee, Sr. Student Services Coordinator

RE: COBRA Initial Notice

PLEASE KEEP THIS IMPORTANT INFORMATION

This memorandum is to inform you and your covered family members of your rights concerning the continuation of your group health benefits if your coverage would terminate because of certain events.

Listed below are the events that could cause you and/or your spouse and children (if any) to lose group health coverage and the length of time coverage in the School of Nursing group health plans can be continued should one of these events occur.

<table>
<thead>
<tr>
<th>Subscriber Event</th>
<th>Length of Time Coverage Can be Continued</th>
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<tbody>
<tr>
<td>Graduation* or ending academic appointment (except for gross misconduct)</td>
<td>18 months</td>
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<tr>
<td>Called to active military duty</td>
<td>24 months</td>
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<td>Death</td>
<td>36 months</td>
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<tr>
<td>Divorce of Legally Separating from Spouse</td>
<td>36 months</td>
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<tr>
<td>Becomes Entitled to Medicare</td>
<td>36 months</td>
</tr>
<tr>
<td>Dependent child no longer qualifies as dependent child under the plan</td>
<td>36 months</td>
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*Coverage ends on the last day of your graduation month.

Please note: It is possible for an individual to have more than one qualifying event. Should a subsequent event occur while covered by continuation coverage, the length of time you and/or your covered family members can continue coverage is 36 months from the date of the first event.

You must notify the Sr. Student Services Coordinator if you become divorced or legally separated or if your child no longer qualifies as a dependent under the terms of the Student Health Plan. This notification must be made no later than 60 days following the qualifying event in order to be eligible for continuation of coverage. Upon timely notification, the Sr. Student Services Coordinator will provide the required continuation enrollment form(s) to your family member(s) losing coverage due to the qualifying event. You and your covered family members will have 60 days from the date coverage would otherwise terminate (or the date the continuation election form is provided to you, whichever is later) to elect continuation coverage by submitting a completed continuation election form.

Any person electing to continue coverage must pay the full cost of coverage under the COBRA option. The Student Benefits Administrator will inform you and/or your dependents of the cost of the coverage when the enrollment form is sent to you. Payments for coverage must be made by the first of each month and no later than the 30-day grace period from that due date. The initial payment must be made no later than 45 days from
the date continuation coverage was elected.

The cost of COBRA coverage is subject to change annually. Current rates are posted on our website.

COBRA coverage will terminate under the following circumstances:

- When the maximum period for continuation coverage expires (18, 24, 29, or 36 months based on the qualifying event); or
- If the premium is not paid on a timely basis; or
- If the covered person becomes covered by another employer’s group health plan through employment or otherwise (provided the new plan does not limit or exclude coverage for preexisting conditions); or
- The covered person becomes entitled to Medicare; or
- The School of Nursing stops providing any health benefits to students and fellows.

If you have any questions, please submit a SEAM Online form.