INFORMATION FOR QUALIFED EMPLOYEE OR BENEFICIARY

Federal legislation, P.L.00-272, the Consolidated Budget Reconciliation Act (COBRA), requires the California State University (CSU) to offer continuation of health, dental and vision care coverage for employees and dependents for 18 or 36 months following certain qualifying events.

QUALIFYING EVENTS

The following events qualify you and your enrolled family members for 18 months of continued coverage:

1. Termination of employment.
2. Reduction of hours, which results in the loss of eligibility (e.g., employed less than half time or, if Academic year)

The following events qualify your eligible family members for continued coverage for 36 months: lecturer or coach and less than .40.

1. Death of employee.
2. Divorce or legal separation.
3. Termination of a child's dependent status (i.e., dependent reaches age 23).

Note: Participants may continue coverage only with their current carrier. Each qualified beneficiary may make a separate COBRA election even if the eligible former employee elects not to have continuation coverage (i.e., if an employee waives coverage upon termination, the employee's spouse may elect coverage).

PREMIUMS

Participants electing the group continuation plan under COBRA must pay the full premiums listed; **there is no CSU contribution toward this continuation coverage**. Premiums must be paid so that coverage is continuous from group plan to the continuation plan; this will usually require the initial payment to include retroactive premium amounts. Monthly payments for coverage are due by the 10th of the month proceeding the month of coverage. Specific information along with enrollment forms will be sent to each participant.

BENEFITS

The continuation plans provide the same benefits as the regular group plan and the current evidence of coverage booklets apply. Any future changes in benefit provisions or premium rates will apply to COBRA participants as well as regular participants.

TERMINATION OF COVERAGE

If eligible employees or dependents elect the group continuation plan, coverage will cease if one of the following events occurs prior to the expiration of the 18 or 36 months:

1. Termination of the CSU-provided group insurance plans.
2. Failure to pay the required premiums.
3. Coverage is obtained under any other group plan (as an employee or otherwise).

NOTICE

If you have a change of address and no longer reside in the service area of your plan, or if your family member status changes (dependent marries or reaches age 23), or if you acquire new family members (newborn child, new spouse), or if you want to change plans or add family members during the annual open enrollment periods, please contact the Human Resources Office. You must do so within 60 days of your address or family member status change.

VOLUNTARY CONVERSION

To request individual conversion for Standard Life Insurance and Long Term Disability, contact the carrier within 31 days after the coverage terminates.

Standard Insurance Company
900 SW Fifth Avenue
Portland, Oregon 97204-1282
(800) 628-8600

COBRA CONTINUATION COVERAGE

DATE MAILED/GIVEN

_____

NAME AND SOCIAL SECURITY NUMBER OF EMPLOYEE:

Name:_____ SSN:_____ DOB:_____

COBRA ENROLLEE INFORMATION:

☐ Employee only ☐ 23yr Dependent ☐ Family & Employee ☐ Family only

Name:_____ SSN: _____ DOB: _____

QUALIFYING EVENT, AND LENGTH OF AVAILABLE COVERAGE:

[___]	Separation from employment	(**18 months**)
[___]	Reduction in hours	(**18 months**)
[___]	Divorce or legal separation	(**36 months**)
[___]	Death of employee	(**36 months**)
[___]	Child ceases to be dependent	(**36 months**)

Date of the above qualifying event: _____
Date benefit coverage ends: _____
Date COBRA begins: _____

ELECTION TO ENROLL IN OR DECLINE COBRA CONTINUATION COVERAGE:

ENROLL	***DECLINE***	***TYPE OF COVERAGE***
☐	☐	Health Benefits
☐	☐	Dental Benefits
☐	☐	Vision Benefits

Signature of COBRA Enrollee: _____

Please return this election form within 60 days after receipt to the address indicated below. If you elect coverage, separate enrollment documents must be completed for each benefit. To enroll or for more information, please e-mail your benefits coordinator.

_____ _____

_____ _____

Human Resources
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132