



NOTICE OF RIGHT TO CONTINUE COVERAGE UNDER COBRA

VERY IMPORTANT NOTICE

On April 7, 1986, a Federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the Plan would otherwise end. This notice is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law. (Both you and your spouse should take the time to read this notice carefully.)

If you are an employee of Foothill-De Anza Community College District (FDCCD) covered by FDCCD Group Health Plan, you have a right to choose this continuation coverage if you lose your group health coverage because of a reduction in your hours of employment or the termination of your employment (for reasons other than gross misconduct on your part).

If you are the spouse of an employee covered by Foothill-De Anza Community College District, you have the right to choose continuation coverage for yourself if you lose group health coverage under FDCCD Group Health Plan for any of the following four reasons:

1. The death of your spouse;
2. A termination of your spouse's employment or reduction in your spouse's hours of employment (for reasons other than gross misconduct);
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled (that is, covered) under Medicare.

In the case of a dependent-child of an employee covered by FDCCD Group Health Plan, he or she has the right to continuation coverage if group health coverage under FDCCD Group Health Plan is lost for any of the following five reasons:

1. The death of a parent;
2. A termination of a parent's employment or reduction in a parent's hours of employment with the FDCCD (for reasons other than gross misconduct);
3. Parent's divorce or legal separation;
4. A parent becomes entitled (that is, covered) under Medicare; or
5. The dependent ceases to be a "dependent child" under FDCCD Group Health Plan.

Under the law, the employee or a family member has the responsibility to inform the Plan Administrator, Foothill-De Anza Community College District, of a divorce, legal separation, or a child losing dependent status under FDCCD Group Health Plan within **60 days** of the date of the event or the date on which coverage would end due to the event, whichever is later. The District has the responsibility to notify the various Plan Administrators of the employee's death, termination of employment, reduction in hours or Medicare eligibility.

A child who is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the FDCCD Group Health Plan and the requirements of federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the District's Human Resources Office of the birth or adoption.

You do not have to show that you are insurable to choose continuation coverage. However, continuation coverage under COBRA is provided subject to your eligibility for coverage; The District reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Under the law, you may have to pay all or part of the premium for your continuation coverage. You will have a grace period of at least 30 days to pay the premium due. When continuation coverage ends, you must be allowed to enroll in an individual conversion health plan if a conversion option is offered by the FDCCD Group Health Plan.

If you have any questions regarding COBRA, a change in marital status, or you or your spouse have changed addresses, please notify:

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
ATTN: CHRISTINE VO, HR DEPT.
12345 EL MONTE RD
LOS ALTOS HILLS, CA 94022**

**TELEPHONE: (650) 949-6225
FAX: (650) 949-2831
E-MAIL: VoChristine@fhda.edu**