

**INSTRUCTIONS FOR COMPLETING
the
CONTINUATION COVERAGE ELECTION NOTICE**

The employer must complete the first page of the *CONTINUATION COVERAGE ELECTION NOTICE*. If all fields are not completed, you are not in compliance with federal law regarding notifying the qualified beneficiary of continuation coverage. The notice should be completed as follows:

- (1) Name of employee (and other qualified beneficiaries if applicable).
- (2) Date you mail the notice.
- (3) Date the employee/dependents lost coverage (qualifying event date). For example: If an employee terminated employment on October 9, 2008, the qualifying event date would be November 1, 2008.
- (4) Check the reason coverage was lost. Note: If "End of employment" is checked, you must also check "Involuntary" or "Voluntary".
- (5) Number of months qualified beneficiaries can keep COBRA - 18, 24, or 36
- (6) Check all applicable boxes (depending on type of coverage employee had on the day before the qualifying event)
- (7) For participants with a qualifying event date between September 1, 2008 and February 28, 2009, indicate March 1, 2009. For participants with a qualifying event date on or after March 1, 2009, indicate the first day of the month following loss of coverage.
- (8) Date COBRA coverage will end - 18, 24, or 36 months from loss of coverage date (3).
- (9) Date that is 60 days from "Date Notified" (2).

REMEMBER: The notice must be sent by first class mail.

**State and School Employees' Health Insurance Plan
Continuation Coverage Election Notice**

To: _____ (1)
Name of Employee or Qualified Beneficiary(ies)

_____ (2)
Date Notified

This notice contains important information about your right to continue your health care coverage in the State and School Employees' Health Insurance Plan (Plan). Please read the information contained in this notice very carefully.

The American Recovery and Reinvestment Act of 2009 (ARRA) reduces the COBRA premium in some cases. You are receiving this election notice because you experienced a loss of coverage that occurred during the period that begins with September 1, 2008 and ends with December 31, 2009 and you may be eligible for the temporary premium reduction for up to nine months. To help determine whether you can get the ARRA premium reduction, you should read this notice and the attached documents carefully. In particular, reference the *Summary of the COBRA Premium Reduction Provisions under ARRA* (page 8) with details regarding eligibility, restrictions, and obligations and the *Request for Treatment as an Assistance Eligible Individual* (pages 9 - 10). **If you believe you meet the criteria for the premium reduction, complete the *Request for Treatment as an Assistance Eligible Individual* and return it with your completed COBRA Continuation Coverage Election Form (page 3).**

To elect COBRA continuation coverage, follow the instructions on the following pages to complete the attached *COBRA Continuation Coverage Election Form* (page 3) and submit it to Blue Cross & Blue Shield of Mississippi at the address provided at the bottom of the next page (page 2).

If you do not elect COBRA continuation coverage, your coverage under the Plan will end on _____ (3) due to:

- End of employment
 - Involuntary
 - Voluntary
- Divorce or legal separation
- (4) Death of employee
- Entitlement to Medicare
- Reduction in hours of employment
- Loss of dependent child status

If you believe you meet the criteria for the premium reduction, complete the "*Request for Treatment as an Assistance Eligible Individual*" (Page 9 -10) and return it along with this page and your completed *COBRA Continuation Coverage Election Form* (Page 3).

Each person ("qualified beneficiary") in the category(ies) checked below is entitled to elect COBRA continuation coverage, which will continue group health care coverage under the Plan for up to _____ (5) months:

- Employee or former employee
- Spouse or former spouse
- (6) Dependent child(ren) covered under the Plan on the day before the event that caused the loss of coverage
- Child who is losing coverage under the Plan because he or she is no longer a dependent under the Plan

If elected, COBRA continuation coverage will begin on _____ (7) and can last until _____ (8).

All applicable forms must be completed and returned to Blue Cross & Blue Shield of Mississippi, and must be post-marked no later than _____ (9).