Cal-COBRA for Small Groups with 2-19 Employees

Notice of Option to elect Continuation for Group Dental Coverage (Does not apply to Life, AD&D and/or Disability Coverage)

As an individual who is no longer eligible for coverage as a result of a Qualifying Event, you have the right to elect continuation of your group dental coverage.

A QUALIFYING EVENT is:

- (a) Death of an employee;
- (b) an employee's termination of employment (other than for gross misconduct) or reduction of hours worked;
- (c) a divorce or legal separation of covered employee from the covered employee's spouse.
- (d) The loss of dependent status by a dependent enrolled in the group benefit plan.
- (e) With respect to a dependent only, the covered employee's or insured's eligibility for coverage under Title XVIII of the United States Social Security Act (Medicare).

It is your responsibility to complete and return this form to us within 30 days of the qualifying event. We will then send to your home address an election form and your plan cost.

If you decide to elect continuation of coverage you will need to complete the election form and return it to us within 60 days of receiving the election form. Your initial bill will be for 6 months premium, billed directly at your home address. Thereafter, billing will be monthly.

□ I intend to continue my group dental coverage, please send me an election form detailing the cost of the program.

I do not intend to continue my group dental coverage. I do not need further information.

MUST BE COMPL Home Address:	ETED BY EMPLOYEE OR DEPENDENT, IF APPLICABLE Street				
	City	State	Zip		
	Signature				
MUST BE COMPLETED BY <u>EMPLOYER</u>					
Firm Name		Account #			

Employee Name		Soc. Sec.#			
or Dependent	DOB	Soc. Sec.#			
Date last worked or date of QUALIFYING EVENT					
QUALIFYING EVENT or reason for termination					
Total Number of FULL-TIME and PART-TIME employees					
Employer's Signature		_ Date			

Return form to:

CHOICE**PLUS** 3030 South Bundy Drive Los Angeles, CA 90066

